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REGISTER

John R. Ashcroft Secretary of State

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MISSOURI REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title	CSR	Division	Chapter	Rule
3	*Code of*	10-	4	115
Department	*State*	Agency	General area	Specific area
	Regulations	division	regulated	regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 1 – OFFICE OF ADMINISTRATION
Division 15 – Administrative Hearing Commission
Chapter 1 – Organization and Description

PROPOSED AMENDMENT

1 CSR 15-1.207 Information, Submissions, or Requests. The commission is amending sections (1) and (2).

PURPOSE: This amendment changes the contact information for the commission for requests for information or documents.

(1) The public may *[obtain information or]* make submissions or requests **for information or records** by visiting the commission at its office at *[Room 640, Truman State Office Building]* **the United States Post Office Building, 131 West High Street, Third Floor**, Jefferson City, Missouri**,** *[or]* by writing the commission at P*[.]*O*[.]* Box 1557, Jefferson City, MO 65102**, by telephone at (573) 741-2422, or by email at AHC@ahc.mo.gov**.

(2) Any person seeking access to records under Chapter 610, RSMo, also known as the Sunshine Law or Open Records Law, shall proceed as indicated in section (1) of this rule and direct the request to the commission's *[managing commissioner]* **custodian of records**.

*AUTHORITY: sections 536.023.3 and 621.198, RSMo [Supp. 2007] **2016**. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed July 2, 2008, effective Jan. 1, 2009. Amended: Filed Nov. 8, 2022.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, Attention: Mary S. Erickson, PO Box 1557, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 6 – DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT
Division 10 – Commissioner of Higher Education
Chapter 2 – Student Financial Assistance Programs

PROPOSED RESCISSION

6 CSR 10-2.110 Wage Garnishment for Repayment of Defaulted Guaranteed Student Loans. This rule provided the policy and procedure for the Coordinating Board of Higher Education to garnish the earnings of borrowers to repay defaulted guaranteed student loans.

PURPOSE: The department no longer needs to garnish borrower's earnings to pay defaulted student loans because United States Department of Education is assuming responsibility for the Missouri Student Loan Program. The department will no longer be a guaranty agency.

AUTHORITY: section 173.115, RSMo 1994. Original rule filed July 18, 1989, effective Oct. 15, 1989. Rescinded: Filed Nov. 3, 2022.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Higher Education and Workforce Development, 301 W. High Street, Jefferson City, MO 65101. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 9 – DEPARTMENT OF MENTAL HEALTH
Division 30 – Certification Standards
Chapter 7 – Behavioral Health Crisis Centers

PROPOSED RULE

9 CSR 30-7.010 Behavioral Health Crisis Centers

PURPOSE: This rule sets forth regulations for behavioral health crisis centers.

PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Definitions. Unless the context clearly requires otherwise, the following terms as used in this rule mean –

(A) Behavioral Health Crisis Center (BHCC), unit which operates twenty-four (24) hours per day, seven (7) days per week and provides crisis services for individuals in severe distress with up to twenty-three (23) consecutive hours of supervised care to assist with deescalating the severity of their crisis;

(B) Crisis intervention, designed to interrupt and/or ameliorate a behavioral health crisis experience. The goal of crisis intervention is symptom reduction, observation, stabilization, and restoration to a previous level of functioning for the individual being served. Primary components include, but are not limited to –

1. Preliminary assessment of risk, mental status, substance use status, and medical stability;

2. Stabilization of immediate crisis;

3. Determination of the need for further evaluation and/or behavioral health services; and

4. Linkage to needed additional treatment services;

(C) Crisis stabilization, a direct service that assists with deescalating the severity of an individual's level of distress and/or need for urgent care associated with a behavioral health disorder; and

(D) Urgent Care Behavioral Health Crisis Center (U-BHCC), unit which operates less than twenty-four (24) hours per day, seven (7) days per week, and provides crisis services for individuals in severe distress with supervised care to assist with deescalating the severity of their crisis.

(2) Program Description. BHCCs and U-BHCCs are provided or arranged by an administrative agent or an affiliate. Services shall be provided in accordance with the 2020 edition of the *National Guidelines for Behavioral Health Crisis Care*, hereby incorporated by reference and made a part of this rule, and can be obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA), 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727. This rule does not incorporate any subsequent amendments or additions to this publication.

(A) Services shall be designed to serve as a community-based alternative to emergency department services, unnecessary hospitalization, and/or jail confinement by offering assessment, treatment, and short term stabilization for individuals with a mental health and/or substance use disorder.

(B) As specified in best practice one (1) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, centers shall function as a twenty-four (24) hour or less crisis receiving and stabilization facility.

(3) Certification/National Accreditation. At a minimum, organizations shall comply with 9 CSR 10-7.130 Procedures to Obtain Certification, to apply for certification/deemed status as a BHCC or U-BHCC and –

(A) Be certified by the department as a Certified Community Behavioral Health Organization (CCBHO); and

(B) Obtain appropriate accreditation for crisis services within three (3) years of obtaining certification/deemed status (if not accredited for such at the time of initial application to the department) from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

(4) Program Requirements. BHCCs and U-BHCCs shall provide prompt assessment, stabilization (with or without medication), and determination of an appropriate level of care for the individual's continued behavioral health treatment in order to prevent unnecessary hospitalization, emergency department services, and/or jail confinement.

(A) In accordance with minimum expectation three (3) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, services shall be designed to address –

1. Behavioral/mental health crisis situations, including substance use; and

2. Varying clinical conditions to include individuals with co-occurring behavioral health and intellectual/developmental disabilities.

(5) Target Populations. The target population includes individuals with a confirmed or suspected mental health and/or substance use disorder diagnosis who are experiencing a behavioral crisis or are presenting for urgent behavioral health needs who are –

(A) Children and youth, individuals age five (5) to seventeen (17) years; and/or

(B) Individuals age eighteen (18) years and older.

(6) Physical Environment and Safety. All BHCCs and U-BHCCs shall be in compliance with 9 CSR 10-7.120 Physical Environment and Safety, and applicable state and local building codes, fire codes, and ordinances to ensure the health, safety, and security of all individuals.

(A) The physical environment shall –

1. Promote a sense of safety, calm, and deescalation for individuals and staff;

2. Have adequate space to ensure the comfort of individuals served;

3. Have adequate space to ensure privacy and confidentiality for individuals served;

4. Have furnishing and fixtures that are constructed of durable materials not capable of breakage into pieces that could be used as a weapon, ligature risk, or for self-harm; and

5. Have interior finishes, lighting, and furnishings that suggest a non-institutional setting that conforms to applicable fire and safety codes.

(B) In accordance with best practice two (2) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, policies and procedures shall ensure there are designated areas for individuals being transported to the center by law enforcement/first responders and those seeking services on a walk-in basis.

1. Hours of operation shall be clearly communicated to law enforcement and other referral sources.

(C) If the BHCC/U-BHCC has an open floor model, space for screening, evaluation, and treatment services must be separate for children/youth and adults, if both are served.

(7) Care Criteria. Each BHCC and U-BHCC shall implement

written screening and intake criteria for individuals who present for an evaluation.

(A) A "no wrong door" access model shall be utilized. In accordance with minimum expectations one (1), six (6), and seven (7) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, all individuals who present for an evaluation and/or stabilization shall be screened as specified in subsection (7)(C) of this rule, including walk-ins and those who are referred/transported by law enforcement.

(B) If screening results in an individual not being offered services, documentation of the rationale for the denial of services and facilitated referral of the individual to other appropriate services must be maintained.

(C) Service criteria shall include but is not limited to –

1. Presence of a suspected and/or known mental illness diagnosis and/or substance-related disorder and the individual is expressing a need for behavioral health services; and

2. Presence of a severe situational crisis; and/or

3. Presence of risk of harm to self, others, and/or property (risk may range from mild to imminent).

(D) In accordance with minimum expectation two (2) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, medical clearance is not required prior to provision of services, however, each individual served must be assessed for medical stability and receive necessary medical support while in the program.

1. In accordance with minimum expectation four (4) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, physical health issues that can be appropriately managed by crisis center staff shall be addressed by qualified staff in accordance with policies and procedures.

2. If a physical health issue occurs requiring medical care that cannot be addressed while an individual is receiving services in the BHCC/U-BHCC, the treating center shall arrange for the individual to be appropriately transported to a medical facility to address the physical health issue.

(E) As appropriate, medications (including medication assisted treatment for a substance use disorder) shall be prescribed while connecting the individual with ongoing services.

(8) Staff Qualifications. In accordance with minimum expectation five (5) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, the BHCC/U-BHCC shall be adequately staffed to meet the treatment needs of individuals served and to ensure their safety and the safety of staff.

(A) Each center shall have the staffing capacity to assess individuals' physical health needs and deliver care for most minor physical health challenges, with established written protocols to transfer an individual to more medically staffed services, if needed.

(B) The center shall be staffed by a multidisciplinary team who is able to respond to the needs of individuals experiencing all levels of crisis. Staff shall include but is not limited to –

1. Medical director – a licensed psychiatrist (available via telemedicine or audio-only). The medical director for the BHCC/U-BHCC can be the same individual who serves in this capacity for the CCBHO.

A. Direct services shall be provided by a licensed physician (includes psychiatrist) or licensed psychiatric mental health nurse practitioner (PMHNP), advanced practice registered nurse (APRN), physician assistant, and/or assistant physician in a written collaborative practice arrangement with a physician and with experience treating the target population. Services may be provided via telemedicine.

B. BHCCs and U-BHCCs shall have access to a practitioner with a waiver to prescribe medications approved by the Food and Drug Administration to treat opioid use disorders, including buprenorphine, in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000), effective October 2000, hereby incorporated by reference and made a part of this rule, available from the Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727. This rule does not incorporate any subsequent amendments or additions to this act;

2. Clinical program director – must be a qualified mental health professional (QMHP) to oversee program operations and clinical practice, with experience treating the target population;

3. Nurse – registered nurse (RN) or licensed practical nurse (LPN); and

4. Certified peer specialist.

(9) Staff Coverage. Staff coverage shall ensure the continuous supervision and safety of individuals served. Staff coverage shall be determined by the agency.

(A) Coverage at a minimum, shall include –

1. Two (2) behavioral health staff must be on-site during receiving hours;

2. One (1) QMHP must be available during receiving hours (may be via telemedicine);

3. One (1) RN or one (1) LPN must be available during receiving hours (may be via telemedicine); and

4. A physician (includes psychiatrist), PMHNP, APRN, assistant physician, and/or physician assistant must be available during receiving hours and must immediately respond to calls from staff, delay not to exceed one (1) hour.

(B) Qualified staff must be available to administer, screen, inventory, and store prescribed medications within their scope of duties, practice, training, and as authorized by statute.

(C) Qualified staff, within their scope of duties, practice, and/or training, shall be available to conduct an initial health assessment and utilize evidence-based tools to determine the individual's medical stability, intoxication, substance use, and/or level of withdrawal/impairment.

(10) Policies and Procedures. The BHCC/U-BHCC shall maintain and implement written policies and procedures including but not limited to –

(A) Intake screening, service, and clinical assessment protocols;

(B) Community outreach and education strategies for crisis stabilization services, including access to and location of service site(s), hours, and days of operation for each site through written material and other means of communication, and how these components will be accomplished on an ongoing basis;

(C) Detoxification/withdrawal management services as defined in 9 CSR 30-3.120. If the BHCC/U-BHCC does not provide this service, facilitated referrals to a local hospital or another qualified service provider shall be made for withdrawal management or other medical services, if determined necessary during an individual's evaluation process;

(D) Safety and emergency protocols as specified in 9 CSR 10-7.120 Physical Environment and Safety, as well as specific protocols for the population served;

(E) Prescription medication protocols, including storage of medications in accordance with 9 CSR 10-7.070;

(F) Screening for and accessing services for emergency medical conditions, including transport by emergency medical service;

(G) Monitoring the physical and psychological well-being of individuals including but not limited to respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified in the organization's policies and procedures

associated with evaluations;

(H) Linking individuals to housing services upon discharge, as needed;

(I) Linking individuals to transportation services upon discharge, as needed;

(J) Linking individuals to social services or community resources, as needed;

(K) Assessment and referral process for individuals with a suspected substance use disorder and/or mental health disorder;

(L) Care coordination and continuity of care for individuals served including but not limited to referral process, follow-up, and transfer of records within five (5) days, in accordance with best practice five (5) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(M) Infection prevention and control; and

(N) Use of physical and chemical restraints as specified in 9 CSR 10-7.060 Emergency Safety Interventions.

(11) Community Partnerships. BHCCs and U-BHCCs shall have a referral relationship, collaborative agreement, and/or memorandum of understanding (MOU) with the following community providers:

(A) Crisis response with law enforcement, dispatch, emergency medical services, and first responders;

(B) Local hospitals, primary care clinics, and Federally Qualified Health Centers (FQHC);

(C) Qualified providers of detoxification/withdrawal management services;

(D) Schools;

(E) Housing supports;

(F) Local Continuum(s) of Care; and

(G) Recovery support and recovery housing providers.

(12) Coordination and Continuity of Care. Service coordination and continuity of care efforts shall include but are not limited to –

(A) Identifying and linking individuals with available community resources necessary to stabilize the crisis and ensure transition to routine care;

(B) Referring individuals to behavioral health services if not currently receiving such services;

(C) Connecting and/or referring individuals to appropriate local resources including emergency room enhancement (ERE) staff, community behavioral health liaisons (CBHLs), and/or certified peer specialists, who shall conduct and document timely follow-up to determine the individual's current status and need for any additional assistance or services;

(D) Contacting and coordinating care with current service providers, when feasible and in accordance with state and federal confidentiality regulations;

(E) Connecting individuals to housing, food, or other resources;

(F) Connecting individuals with recovery support and/or recovery housing providers;

(G) Connecting individuals with community-based behavioral health providers in other geographic regions; and

(H) Incorporating some form of intensive support beds into a partner program (within the organization or with another local agency), if available, for individuals who need additional support beyond that of the BHCC/U-BHCC in accordance with best practice three (3) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule.

(13) Documentation Requirements. Based on the individual's ability to cooperate and communicate with staff due to their crisis situation, the following intake documentation shall be obtained:

(A) Presenting problem and referral source, if applicable;

(B) Rationale for denial of services and referral of the individual to other appropriate services, if necessary;

(C) Personal and identifying information;

(D) Status as a current or former member of the U.S. Armed Forces;

(E) Current mental health and substance use symptoms;

(F) Current medications and any medications administered;

(G) Screening for suicide risk and completion of a comprehensive, standardized suicide risk assessment and planning, when clinically indicated, in accordance with minimum expectation eight (8) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(H) Screening for risk of violence and completion of a comprehensive, standardized violence risk assessment and planning, when clinically indicated, in accordance with minimum expectation nine (9) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule;

(I) Current trauma-related symptoms and/or concerns for personal safety;

(J) Crisis intervention and prevention plan, when clinically indicated (a copy shall be provided to the individual served); and

(K) Discharge information including outcome of the crisis, services provided, treatment/recovery plan, care coordination efforts, follow-up, and referrals.

(14) Measuring Program Effectiveness. In accordance with best practice four (4) of the *National Guidelines for Behavioral Health Crisis Care,* as referenced in section (2) of this rule, BHCCs and U-BHCCs shall collect, enter, and submit data utilizing all reporting tools as directed by the department.

(15) Staff Training and Education. Staff are expected to comply with the training requirements specified in 9 CSR 10-7.110(2)(F) Personnel. All staff of the BHCC/U-BHCC shall complete minimum training requirements as follows:

(A) Screening, assessment, and planning for risk of suicide;

(B) Screening, assessment, and planning for risk of violence;

(C) Evidence-based and best practice interventions to prevent and address disruptive behaviors and behavioral crises;

(D) Basic First Aid;

(E) Cardiopulmonary Resuscitation (CPR); and

(F) Administration of naloxone, as appropriate with staff qualifications.

(16) Trauma-Informed Care. Services shall be provided in accordance with 9 CSR 10-7.010(11), Essential Principle, Trauma-Informed Care.

AUTHORITY: section 630.050, RSMo 2016. Original rule filed Nov. 2, 2022.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions $10,647,578 in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Mental Health, Denise Thomas, PO Box 687, Jefferson City, MO 65102 or by email to denise.thomas@dmh.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC COST

I. **Department Title:** Title 9 -- Department of Mental Health
Division Title: Division 30 – Certification Standards
Chapter Title: Chapter 7 – Behavioral Health Crisis Centers

Rule Number and Name:	9 CSR 30-7.010 Behavioral Health Crisis Centers
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Mental Health	**$ 8,742,438 GR (FY'22)** **$ 1,905,140 Federal (FY'22)** **$10,647,578 TOTAL**

III. WORKSHEET

$308.49/bed day x 4 beds x 365 days = $450,395 (rounded to $450,400)

$7,206,400	**16 centers x $450,400**
$600,000	**1 center @ $600,000**
$200,000	**2 partnerships @ $100,000 each**
$8,006,400	
$736,038	**After-care service dollars**
$8,742,438	**Grand Total GR**

IV. ASSUMPTIONS

On average, $450,400 of General Revenue was allocated per 4-bed crisis center. In addition, there was one existing crisis center that received funding, as well as two small partnerships that received funding for operations of their crisis centers. The remaining funding was allocated for after-care service dollars.

Title 13 – DEPARTMENT OF SOCIAL SERVICES
Division 35 – Children's Division
Chapter 31 – Child Abuse

PROPOSED RULE

13 CSR 35-31.100 Use and Dissemination of Information from the Central Registry

PURPOSE: This rule establishes the use and dissemination of child abuse and neglect findings from the Central Registry by the Children's Division.

(1) As defined in section 210.110, RSMo, the central registry is a registry of persons where the children's division maintains records of final determinations by the division or a court that persons have committed child abuse or neglect or pleaded guilty to or have been found guilty of offenses enumerated in sections 210.110(3) or 210.118 RSMo.

(2) Pursuant to sections 210.110 and 210.152 RSMo, the children's division shall retain records in the central registry in perpetuity, including for persons placed on the central registry prior to August 28, 2004.

(3) The children's division shall not use or disseminate a finding in the central registry to conduct a background check for employment with a third party or to find a person ineligible for employment with a third party or presence at a residential care facility or child placement agency, unless and until the finding is final and –

(A) The finding has been substantiated by court adjudication, by at least a preponderance of the evidence standard;

(B) The finding has been upheld by a preponderance of the evidence standard;

(C) The person has waived administrative review or judicial review; or

(D) The person has been found guilty of or pleaded guilty to an offense enumerated in sections 210.110(3) or 210.118, RSMo.

(4) To the extent authorized by law, the children's division may use and disseminate records in the central registry for any purpose authorized or required by law, including –

(A) To respond to child abuse and neglect reports;

(B) Conduct investigations and assessments;

(C) Assist child welfare and law enforcement agencies with the protection of children from abuse or neglect and the provision of child welfare services;

(D) Assist law enforcement and prosecuting attorneys in criminal or civil investigations or prosecutions;

(E) Determine the best interests of a child and make permanency decisions and recommendations;

(F) Assess a child's health, safety, and well-being;

(G) Conduct research and statistical analysis; or

(H) For all other related purposes authorized by law.

AUTHORITY: sections 207.020, 210.118, and 660.017, RSMo 2016, and sections 210.110, 210.145, 210.150, 210.152, and 210.493, RSMo Supp. 2022. Original rule filed Nov. 4, 2022.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred ($500) dollars in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred ($500) dollars in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 13 – DEPARTMENT OF SOCIAL SERVICES
Division 110 – Division of Youth Services
Chapter 5 – Dual Jurisdiction

PROPOSED AMENDMENT

13 CSR 110-5.010 Dual Jurisdiction Procedures. The Division of Youth Services is amending sections (1) and (6).

PURPOSE: This amendment makes necessary changes to sections (1) and (6) of this regulation to make it compliant with "Raise the Age" amendments to the Missouri Revised Statutes that define the age of a child as being someone under the age of 18.

(1) Section 211.073, RSMo *[Supp. 1999]* provides that a court may, in a case when the offender is under *[seventeen (17)]* **eighteen (18)** years of age and has been transferred to a court of general jurisdiction pursuant to section 211.071**, RSMo,** and whose prosecution results in a conviction or plea of guilty, invoke dual jurisdiction of both the criminal and juvenile codes. The court is authorized to impose a juvenile disposition under section 211.073**, RSMo,** and*[,]* simultaneously*[,]* impose an adult criminal sentence, the execution of which shall be suspended. Successful completion of the juvenile disposition ordered shall be a condition of the suspended adult criminal sentence. The court may order an offender into the custody of the Division of Youth Services if –

(6) When an offender reaches the age of *[seventeen (17)]***eighteen (18),** the court shall hold a hearing. After such hearing the court shall –

*AUTHORITY: section**[s]** 211.073 **[and 219.036]**, RSMo **[1994]** **Supp. 2022,** and **sections** 219.016 **and 219.036**, RSMo **[Supp. 1999]** **2016**. Original rule filed Feb. 10, 2000, effective Aug. 30, 2000. Amended: Filed Nov. 3, 2022.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Youth Services, at Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 1 – Organization; General Provisions

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.008, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-1.020 Subpoenas **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 967). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 226.008 and 622.555, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.010 Skill Performance Evaluation Certificates For Commercial Drivers **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 967-968). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 142.617, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.030 Apportion Registration Pursuant to the International Registration Plan **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 968). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 142.617, 226.008, 226.130, and 301.275, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.070 Definitions **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 968). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 142.617, 226.008, 226.130, and 301.275, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.071 Application for International Fuel Tax Agreement License **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 968-969). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 226.008, 226.130, and 301.275, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.080 Investigation and Audits **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 969). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 10 – Missouri Highways and Transportation Commission
Chapter 25 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 142.617, 226.008, 226.130, and 301.275, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-25.090 Appeals **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 969). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 265 – Motor Carrier and Railroad Safety
Chapter 10 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 622.027, RSMo 2016, the commission amends a rule as follows:

7 CSR 265-10.017 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 970). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received a staff comment on the proposed amendment.

COMMENT #1: Staff commented that language for section (1) should not include the wording "herein" after "incorporated" as it is not needed.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has removed the language as needed.

7 CSR 265-10.017 Records of the Division

(1) The director of the Missouri Department of Transportation Motor Carrier Services division, or the director's designee, shall maintain a record of all proceedings filed with the Administrative Hearing Commission. Open records shall be available for public inspection and copying.

(A) The following records of the division, or possessed by the division, shall be closed records, and shall not be open to public inspection or copying, or made public, except as otherwise provided by order or permission of a court, the Administrative Hearing Commission, or when formally filed with the division in a hearing or proceeding, or when otherwise required to be made public under the rules of the division or Chapters 386–391, RSMo. The closure of records to public access under this subsection shall not be deemed to preclude lawful discovery of these records by a party in an administrative or court proceeding:

1. All records which may be closed records under Chapter 610, RSMo;

2. Under section 386.480, RSMo, all information furnished to the division or its employees by any motor carrier, their agents or employees, or by any corporation or person subject to the jurisdiction of the division, pursuant to the requirement of any statute or court order, any rule, order, or subpoena of the division or the Administrative Hearing Commission, or any audit, investigation, or discovery by the division staff, except that insurance certificates, surety bonds, endorsements, and cancellation notices filed pursuant to section 390.126, RSMo, or 7 CSR 265-10.030 shall be open records;

3. Under Title 49, United States Code (U.S.C.), section 523(c), which is incorporated by reference and made a part of this rule as published in 2021 by the U.S. Government Publishing Office, 732 North Capitol Street NW, Washington, DC 20401-0001, and

which does not incorporate any subsequent amendments or additions, all records or information acquired by division staff during an inspection of the equipment or records of a motor carrier or a lessor of equipment to such a carrier, if that inspection was delegated and funded or reimbursed by the Secretary of Transportation of the United States under Title 49 U.S.C., section 504, which is incorporated by reference and made a part of this rule as published in 2021 by the U.S. Government Publishing Office, 732 North Capitol Street NW, Washington, DC 20401-0001, and which does not incorporate any subsequent amendments or additions; and

4. Under section 387.310, RSMo, any fact or information received by the division or its staff during the course of any inspection or examination of common carriers.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 265 – Motor Carrier and Railroad Safety
Chapter 10 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 622.027, RSMo 2016, the commission amends a rule as follows:

7 CSR 265-10.025 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 970-971). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received two (2) staff comments on the proposed amendment.

COMMENT #1: Staff commented that the division and chapter titles need to be corrected.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has changed the division and chapter title.

COMMENT #2: Staff commented that language for section (1) should not include the word "in" as it is not needed.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has removed the language as needed.

7 CSR 265-10.025 Marking of Vehicles

(1) Vehicle Markings. Every motor vehicle operated by a motor carrier in intrastate commerce under any property carrier registration, certificate, or permit issued by the Missouri Highways and Transportation Commission shall be marked in conformity with the requirements of section 390.21 of Title 49, *Code of Federal Regulations* (CFR) Part 390. The commission incorporates by reference, and makes a part of this rule, the provisions of Title 49 CFR Part 390.21 as published by the United States Government Publishing Office, 732 North Capitol Street NW, Washington DC 20401, on August 14, 2019. This rule does not incorporate any subsequent amendments or additions to 49 CFR Part 390.21. Motor carriers operating a non-Commercial Driver's License (CDL) passenger-carrying vehicle having a capacity of fifteen (15) passengers or less, excluding the driver, may display on the vehicle's rear bumper, rear window, or otherwise on the rear of the vehicle, the United States Department of Transportation (USDOT) number assigned to the motor carrier, which shall be marked so it is readily legible during daylight hours from a distance of fifty feet (50') while a Commercial Motor Vehicle (CMV) is stationary and shall contrast sharply in color with the background on which the figures are placed.

Title 7 – MISSOURI DEPARTMENT OF TRANSPORTATION
Division 265 – Motor Carrier and Railroad Safety
Chapter 10 – Motor Carrier Operations

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 622.027, RSMo 2016, the commission amends a rule as follows:

7 CSR 265-10.035 Application for a Self-Insurer Status **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 971-973). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 9 – DEPARTMENT OF MENTAL HEALTH
Division 10 – Director, Department of Mental Health
Chapter 5 – General Program Procedures

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Mental Health under sections 630.192 and 630.193 to 630.198, RSMo 2016, the department amends a rule as follows:

9 CSR 10-5.210 Exceptions Committee Procedures **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 15, 2022 (47 MoReg 1233). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2022, the division amends a rule as follows:

13 CSR 70-15.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 15, 2022 (47 MoReg 973-989). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code*

of State Regulations.

SUMMARY OF COMMENTS: The MO HealthNet Division received two (2) comments on the proposed amendment.

COMMENT #1: MO HealthNet Division (MHD) staff requested the following – Add language to paragraph (4)(A)6. regarding federally deemed critical access hospitals not being held to the lower of cost or charges. Add language to subsection (6)(A) stating that free-standing rehabilitation hospitals, long-term acute care hospitals, and free-standing psychiatric hospitals are not eligible for the Acuity Adjustment Payment. Revise the public and private fiscal notes due to the impact of the Directed Payments being miscategorized between public and private entities.
RESPONSE AND EXPLANATION OF CHANGE: The MHD has added language to paragraph (4)(A)6. regarding federally deemed critical access hospitals not being held to the lower of costs or charges. The MHD has added language to subsection (6)(A) stating that free-standing rehabilitation hospitals, long-term acute care hospitals, and free-standing psychiatric hospitals are not eligible for the Acuity Adjustment Payment. The MHD has revised the public and private fiscal notes.

COMMENT #2: From Kim Dugan, Vice President of Medicaid and FRA, and Amy Volkart, Director of Medicaid and FRA with MHA Management Services Corporation. On behalf of the Missouri Hospital Association and the one hundred forty-one (141) hospitals that comprise the membership, the following comments are offered for your consideration on the proposed amendment to 13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology. Under paragraph (3)(A)4., we believe a word is missing at the end of the statement, "Amended cost reports or other supplemental." Paragraphs (4)(A)l. and (4)(A)2., reference the hospital's Medicaid patient days from the base year cost report. It is not clear if these Medicaid days are only fee-for-service days or if they include Medicaid managed care days. We recommend that the MO HealthNet Division clarify in the rule which Medicaid days are used in this calculation. Paragraphs (4)(A)l., (7)(A)l., and (12)(A)l., reference "estimated Medicaid days for the current SFY." It is not clear how these estimated days are determined. We recommend that MHD include in its rule the methodology used to estimate Medicaid days for the current SFY. Subsections (6)(B), (6)(C), (8)(B), and (8)(C) reference "estimated Medicaid payments for the coming SFY." It is not clear how these estimated Medicaid payments were determined and whether the payments only include estimated fee-for-service per diem payments or if they include all estimated Medicaid payments. We recommend that MHD include in its rule the methodology used to estimate these payments. Under subsections (6)(B) and (6)(C), we believe the word "multiplied" is missing after "received" in the following sentence: "If the hospital's estimated Medicaid payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY Medicaid payments received multiplied by a stop-gain percentage .... " Paragraph (8)(B)1. and subsection (8)(C) state, "If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total stop loss amount." We believe each hospital's ratio is the hospital's decrease in Medicaid payments to the total decrease in Medicaid payments for all hospitals in the ownership group instead of the total stop loss amount. We recommend that MHD review its formula and clarify how the ratio is calculated. In addition, we believe MHD should also include in the rule how the stop loss payment is calculated for free standing psychiatric hospitals. Subsection (9)(A) states, "Total GME costs is multiplied by the ratio of Medicaid days to total days .... " It is not clear whether these Medicaid days are only fee-for-service days or if they include Medicaid managed care days. We recommend MHD clarify in the rule which Medicaid days are included in this calculation. Subsection (9)(B) states, "If the sum is greater than the total GME stop loss amount, each hospital's GME stop loss payment shall be calculated by multiplying the total GME stop loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total GME stop loss amount." We believe each hospital's ratio is the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments for all GME hospitals instead of the total GME stop loss amount. We recommend that MHD review its formula and clarify how the ratio is calculated. Part (10)(B)1.B.(I) states, "The MIUR will be expressed as the ratio of total Medicaid days (TMD) provided under a state plan divided by the provider's total number of inpatient days (TNID)." It is not clear if these Medicaid days include Medicaid managed care days. Subparagraph (11)(A)2.A. clearly states what is included: "The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) .... " We recommend MHD uses consistent language in the rule to clarify what days are included. Under section (15), MHD is proposing that beginning July 1, 2022, "... the Missouri managed care organizations shall make inpatient and outpatient directed payments to in-network hospitals .... " It is our understanding that directed payments will only be made to in-state hospitals, including those that are out-of-network. Therefore, we believe the word "in-network" should be replaced with "in-state."
RESPONSE AND EXPLANATION OF CHANGE: The MHD has added clarifying language based on the above comments.

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology

(4) Inpatient *Per Diem* Reimbursement Rate Computation. Effective for dates of service beginning July 1, 2022, each Missouri hospital shall receive a Missouri Medicaid *per diem* rate based on the following computation:

(A) The *per diem* shall be determined from the base year cost report in accordance with the following formula:

$$PER\ DIEM = ((TAC / MPD) * TI) + MIP\ FRA$$

1. MIP FRA – Medicaid inpatient share of FRA. The Medicaid inpatient share of the FRA Assessment will be calculated by dividing the hospital's Medicaid fee-for-service (FFS) and managed care (MC) inpatient days from the base year cost report by total hospital inpatient days from the base year cost report to arrive at the Medicaid utilization percentage. This percentage is then multiplied by the inpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost. This cost is then divided by the estimated Medicaid FFS and MC days for the current SFY to arrive at the increased Medicaid cost per day. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year;

2. MPD – Medicaid FFS inpatient days from the base year cost report;

3. TI – Trend indices. The trend indices are applied to the TAC per day of the *per diem* rate. The trend index for the base year is used to adjust the TAC per day to a common fiscal year end of June 30. The adjusted TAC per day shall be trended through the current SFY;

4. TAC – Medicaid allowable inpatient routine and special care unit costs, and ancillary costs, from the base year cost report, will be added to determine the hospital's Medicaid total allowable cost (TAC);

5. The *per diem* for private free-standing psychiatric hospitals shall be the greater of one hundred percent (100%) of the SFY 2022 weighted average statewide *per diem* rate for private

free-standing psychiatric hospitals or the *per diem* as calculated in subsection (4)(A);

6. The *per diem* shall not exceed the average Medicaid inpatient charge *per diem* as determined from the base year cost report and adjusted by the TI, except for federally deemed critical access hospital's whose Medicaid FFS charges equal sixty percent (60%) or less of its Medicaid FFS costs;

7. The *per diem* shall be adjusted for rate increases granted in accordance with subsections (4)(C) and (4)(D);

8. If the hospital does not have a base year cost report, the inpatient *per diem* will be the weighted average statewide per diem rate as determined in section (5);

(6) Acuity Adjustment Payment (AAP).

(A) Beginning with SFY 2023, hospitals that meet the requirements set forth below shall receive an AAP. A hospital that is designated as a long term acute care hospital, free-standing psychiatric hospital, or a free-standing rehabilitation hospital does not qualify to receive an AAP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. For SFY 2022, the Medicaid *per diem* payments, direct Medicaid payments, GME payments, and CO payments;

2. For SFY 2023 and forward, the Medicaid *per diem* payments, AAP, PC payment, SLP, GME payments, and CO payments.

(B) Private ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's prior SFY Medicaid FFS payments received. If no reduction is necessary, the preliminary AAP shall be considered final.

(C) Non-state government owned or operated (NSGO) ownership. A hospital shall receive an AAP if the hospital's MO HealthNet case mix index is greater than a threshold set annually by the division. The preliminary AAP is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY. If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY Medicaid FFS payments received increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's prior SFY Medicaid FFS payments received. If no reduction is necessary the preliminary AAP shall be considered final.

(7) Poison Control (PC) Payment.

(A) The PC payment shall be determined for hospitals which operated a poison control center during the base year and which continues to operate a poison control center. The PC payment shall reimburse the hospital for the Medicaid share of the total poison control cost and shall be determined as follows:

1. The total poison control cost from the base year cost report will be divided by the total hospital days from the base year cost report to determine a cost per day. This cost per day will then be multiplied by the estimated Medicaid FFS and MC days for the SFY for which the PC payment is being calculated. The estimated Medicaid FFS and MC days are paid days from the second prior calendar year; and

2. The annual final PC payment will be calculated for each eligible hospital at the beginning of each SFY. The annual amount will be paid out over the number of financial cycles during the SFY.

(8) Stop Loss Payment (SLP).

(A) Beginning with SFY 2023 hospitals that meet the requirements set forth below shall receive a SLP. Ownership type of the hospital is determined based on the type of control reported on Schedule S-2, Part I, Line 21, Column 1 of the hospital's base year cost report. For purposes of this section, Medicaid payments received shall include the following payments:

1. For SFY 2022, the Medicaid *per diem* payments, direct Medicaid payments, GME payments, and CO payments; and

2. For SFY 2023 and forward, the Medicaid *per diem* payments, AAP, PC payment, SLP, GME payments, and CO payments.

(B) Private ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire private ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the private ownership group, this amount shall represent the total stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(B). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire private ownership group.

2. Privately owned free-standing psychiatric hospitals. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire privately owned free-standing psychiatric hospital ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments.

A. If a hospital has a decrease in payments as calculated in paragraph (8)(B)2., the hospital will receive a payment equal to the amount of payment decrease. If the hospital has an increase in payments as calculated in paragraph (8)(B)2., the hospital will not receive any additional payments.

(C) NSGO ownership. Total estimated Medicaid FFS payments for the coming SFY for each hospital shall include estimated Medicaid FFS claims payments, and any final AAP and PC payment. The total estimated Medicaid FFS payments for each hospital shall be subtracted from the hospital's prior SFY Medicaid FFS payments received then summed to calculate a total increase or decrease in payments for the entire NSGO ownership group. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the NSGO ownership group, this amount shall represent the total

stop loss amount.

1. SLP will be made if a total stop loss amount was calculated in subsection (8)(C). Each hospital that shows a decrease in Medicaid payments shall receive a SLP in the amount of the decrease in payments unless the sum of each hospital's SLP is greater than the total stop loss amount. If the sum is greater than the total stop loss amount, each hospital's SLP shall be calculated by multiplying the total stop loss amount times the ratio of the hospital's decrease in Medicaid payments to the total decrease in payments for the entire NSGO ownership group.

(9) Medicaid Graduate Medical Education (GME) Payments. Effective beginning with SFY 2023, a GME payment calculated as the sum of the intern and resident based GME payment and the GME stop loss payment, shall be made to any acute care hospital that provides graduate medical education.

(A) Intern and resident (I&R) based GME payment. The I&R based GME payment will be based on the per I&R Medicaid allocated GME costs not to exceed a maximum amount per I&R. The division will determine the number of full time equivalent (FTE) I&Rs. Total GME costs will be determined using Worksheet A of the base year cost report adjusted by the trend index. Total GME costs is multiplied by the ratio of Medicaid FFS and MC days to total days to determine the Medicaid allocated GME costs which is then divided by the number of FTE I&Rs to calculate the Medicaid allocated cost per I&R. The I&R based GME payment is calculated as the number of FTE I&Rs multiplied by the minimum established by the division or the Medicaid allocated cost per I&R.

(B) GME stop loss payment. The total I&R based GME payment for each hospital shall be subtracted from the hospital's prior SFY GME payments received then summed to calculate a total increase or decrease in payments for the entire group of hospitals that provide graduate medical education. A positive result represents a decrease in payments and a negative amount represents an increase in payments. If the result is a decrease in total payments to the hospitals, this amount shall represent the total GME stop loss amount. GME stop loss payments will be made if a total GME stop loss payment amount was calculated in the paragraph above. Each hospital that shows a decrease in GME Medicaid payments shall receive a GME stop loss payment in the amount of the decrease in payments unless the sum of each hospital's GME stop loss payment is greater than the total GME stop loss amount. If the sum is greater than the total GME stop loss amount, each hospital's GME stop loss payment shall be calculated by multiplying the total GME stop loss amount times the ratio of the hospital's decrease in GME Medicaid payments to the total decrease in GME Medicaid payments.

(10) Children's Outlier (CO) Payment.

(A) The outlier year is based on a discharge date between July 1 and June 30.

(B) Beginning July 1, 2022, for fee-for-service claims only, outlier payments for medically necessary inpatient services involving exceptionally high cost or exceptionally long lengths of stay for MO HealthNet-eligible children under the age of six (6) will be made to hospitals meeting the federal DSH requirements in paragraph (10)(B)1. and for MO HealthNet-eligible infants under the age of one (1) will be made to any other Missouri Medicaid hospital.

1. The following criteria must be met to be eligible for outlier payments for children one (1) year of age to children under six (6) years of age:

A. If the facility offered nonemergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to these services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal Executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer nonemergency obstetric services as of December 21, 1987;

B. As determined from the base year audited Medicaid cost report, the hospital must have either –

(I) A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$MIUR = TMD / TNID$$

or

(II) A low-income utilization rate (LIUR) in excess of twenty-five percent (25%). The LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC - CS) / THC)$$

2. The following criteria must be met for the services to be eligible for outlier review:

A. The patient must be a MO HealthNet-eligible infant under the age of one (1) year, or for hospitals that meet the federal DSH requirements, a MO HealthNet-eligible child under the age of six (6) years, as of the date of discharge; and

B. One (1) of the following conditions must be satisfied:

(I) The total reimbursable charges for dates of service must be at least one hundred fifty percent (150%) of the sum of claim payments for each claim; or

(II) The dates of service must exceed sixty (60) days and less than seventy-five percent (75%) of the total service days were reimbursed by MO HealthNet.

3. Claims eligible for outlier review must –

A. Have been submitted in their entirety for claims processing; and

B. The claim must have been paid; and

C. An annual outlier file, for paid claims only, must be submitted to the division no later than December 31 of the second calendar year following the end of the outlier year (i.e., claims for outlier year 2022 are due no later than December 31, 2024).

4. After the review, reimbursable costs for each claim will be determined using the following data from the audited

Medicaid hospital cost report for the year ending in the same calendar year as the outlier year (i.e., Medicaid hospital cost reports ending in 2022 will be used for the 2022 outlier year):

A. Average routine (room and board) costs for the general and special care units for all days of the stay eligible per the outlier review; and

B. Ancillary cost-to-charge ratios applied to claim ancillary charges determined eligible for reimbursement per the outlier review.

5. The outlier payments will be determined for each hospital as follows:

A. Sum all reimbursable costs for all eligible outlier claims to equal total reimbursable costs;

B. Subtract total claim payments, which includes MO HealthNet claims payments, third-party payments, and copays, from total reimbursable costs to equal excess cost; and

C. Multiply excess costs by fifty percent (50%).

(11) Safety Net Hospitals.

(A) Inpatient hospital providers may qualify as a safety net hospital based on the following criteria. Hospitals shall qualify for a period of only one (1) SFY and must requalify at the beginning of each SFY to continue their safety net hospital designation.

1. If the facility offered non-emergency obstetric services as of December 21, 1987, there must be at least two (2) obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to those services under the Missouri Medicaid plan. In the case of a hospital located in a rural area (area outside of a metropolitan statistical area, as defined by the federal executive Office of Management and Budget), the term obstetrician includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. This section does not apply to hospitals either with inpatients predominantly under eighteen (18) years of age or which did not offer non-emergency obstetric services as of December 21, 1987;

2. As determined from the audited base year cost report, the facility must have either –

A. A Medicaid inpatient utilization rate (MIUR) at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals. The MIUR will be expressed as the ratio of total Medicaid days (TMD) (including such patients who receive benefits through a managed care entity) provided under a state plan divided by the provider's total number of inpatient days (TNID). The state's mean MIUR will be expressed as the ratio of the sum of the total number of Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded;

$$MIUR = TMD / TNID$$

or

B. A low income utilization rate in excess of twenty-five percent (25%).

(I) The low-income utilization rate (LIUR) shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(a) Total Medicaid patient revenues (TMPR) paid to the hospital for patient services under a state plan (regardless of whether the services were furnished on a fee-for-service basis or through a managed care entity) plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges minus contractual allowances, discounts, etc.) for patient services plus the cash subsidies; and

(b) The total amount of the hospital's charges for patient services attributable to charity care (CC) less cash subsidies directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to charity care shall not include any contractual allowances and discounts other than for indigent patients not eligible for medical assistance under a state plan.

$$LIUR = ((TMPR + CS) / (TNR + CS)) + ((CC – CS) / THC)$$

3. As determined from the audited base year cost report –

A. The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for less than fifty (50) inpatient beds; or

B. The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of more than forty percent (40%); or

C. A public non-state governmental acute care hospital with an LIUR of at least forty percent (40%) and an MIUR greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%); or

D. The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or

E. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.

(15) Directed Payments. Effective July 1, 2022, the Missouri Medicaid managed care organizations shall make inpatient and outpatient directed payments to in-state in-network hospitals pursuant to 42 CFR 438.6(c) as approved by the Centers for Medicare & Medicaid Services.

REVISED PUBLIC COST: Fee For Service: This proposed amendment is estimated to cost the state approximately $897.4 million (State Share: $302.9 million FRA and $2.6 million IGT for DMH) for SFY 2023. This proposed amendment is estimated to increase payments to public entities by approximately $130.6 million for SFY 2023.
Directed Payments: This proposed amendment is estimated to save the state approximately $19 million (State Share: $6.5 million FRA and $0 million IGT for DMH) for SFY 2023. This proposed amendment is estimated to cost public entities by approximately $5.7 million for SFY 2023.

REVISED PRIVATE COST: Fee For Service: This proposed amendment is estimated to increase payments to in-state private entities by approximately $766.8 million for SFY 2023.
Directed Payments: This proposed amendment is estimated to cost in-state private entities approximately $13.4 million for SFY 2023.

FISCAL NOTE
PUBLIC COST

I. **Department Title:** 13 Social Services
Division Title: 70 MO HealthNet Division
Chapter Title: 15 Hospital Program

Rule Number and Name:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 38 **Department of Social Services, MO HealthNet Division**	**Fee-For-Service Impacts** **Estimated impact for SFY 2023: $130.6 million** **Estimated cost for SFY 2023: Total $897.4 million; State Share $302.9 million (FRA) State Share $2.6 million (IGT)**
Other Government (Public) & State Hospitals enrolled in MO HealthNet - 32 **Department of Social Services, MO HealthNet Division**	**Directed Payments Impacts** **Estimated cost for SFY 2023: $5.7 million** **Estimated savings for SFY 2023: Total $19 million; State Share $6.5 million (FRA) State Share $0 million (IGT)**

III. WORKSHEET

Fee-for-Service Impact:

Other Government (Public) & State Hospitals Impact:

Estimated Impact for 6 Months of SFY 2023:

	FRA Fund	IGT Fund	Total
Estimated Impact to State Hospitals	$36,643,472	$7,757,025	$44,400,497
Estimated Impact to Other Government (Public) Hospitals	$86,153,841	$0	$86,153,841
Total Estimated Impact	$122,797,313	$7,757,025	$130,554,338
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	$41,815,555	$2,641,461	$44,457,016

Updated 01/31/2021

Department of Social Services, MO HealthNet Division Cost:			
Estimated Cost for 6 Months of SFY 2023:			
	FRA Fund	IGT Fund	Total
Estimated Cost	$889,626,168	$7,757,025	$897,383,193
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share Cost	$302,939,951	$2,641,461	$305,581,412

Directed Payment Cost:			
Other Government (Public) & State Hospitals Cost:			
Estimated Cost for 6 Months of SFY 2023:			
	FRA Fund	IGT Fund	Total
Estimated Cost to State Hospitals	$4,084,472	$0	$4,084,472
Estimated Cost to Other Government (Public) Hospitals	$1,570,094	$0	$1,570,094
Total Estimated Cost	$5,654,566	$0	$5,654,566
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	$1,925,521	$0	$1,925,521

Department of Social Services, MO HealthNet Division Savings:			
Estimated Savings for 6 Months of SFY 2023:			
	FRA Fund	IGT Fund	Total
Estimated Savings	$19,046,694	$0	$19,046,694
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share Savings	$6,485,875	$0	$6,485,875

IV. ASSUMPTIONS

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact. The net impact is a cost to the state of $7.6 million for SFY 2023.

13 CSR 70-15.010
13 CSR 70-15.015
13 CSR 70-15.220
13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.

FISCAL NOTE
PRIVATE COST

I. **Department Title:** 13 Social Services
Division Title: 70 MO HealthNet Division
Chapter Title: 15 Hospital Program

Rule Number and Title:	13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Methodology
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
In-State Hospitals – 100	**Private Hospitals enrolled in MO HealthNet**	**FFS Estimated impact for SFY 2023: $766.8 million**
In-State Hospitals - 100	**Private Hospitals enrolled in MO HealthNet**	**Directed Payment Estimated cost for SFY 2023: $13.4 million**

III. WORKSHEET

Fee-for-Service Impact:

In-State Private Hospitals Impact:

Estimated Impact for SFY 2023:

	FRA Fund	IGT Fund	Total
Estimated Impact to In-State Private Hospitals	$766,828,855	$0	$766,828,855
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	$261,124,396	$0	$261,124,396

Directed Payment Impact:

In-State Private Hospitals Impact:

Estimated Cost for SFY 2023:

	FRA Fund	IGT Fund	Total
Estimated Cost to In-State Private Hospitals	$13,392,128	$0	$13,392,128
State Share Percentage	34.0525%	34.0525%	34.0525%
Estimated State Share	$4,560,354	$0	$4,560,354

IV. ASSUMPTIONS

The following regulations are impacted by the change to the hospital reimbursement methodology and the impact of all the regulations should be netted to arrive at the total impact.

13 CSR 70-15.010
13 CSR 70-15.015
13 CSR 70-15.220
13 CSR 70-15.230

The fiscal impact is estimated based on historical utilization and enrollment. Other variables such as the length of the Federal Public Health Emergency and Medicaid Expansion enrollment may indirectly affect the hospital utilization both positively and negatively. Due to the uncertainty of these variables, the state will continue to monitor the impacts to the Managed Care Organizations and hospitals.

Title 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 15 – Hospital Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.158, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2022, the division amends a rule as follows:

13 CSR 70-15.220 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2022 (47 MoReg 1085-1096). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received one (1) comment on the proposed amendment.

COMMENT #1: Kim Dugan, Vice President of Medicaid and FRA, and Amy Volkart, Director of Medicaid and FRA: On behalf of the Missouri Hospital Association and the one hundred forty-one (141) hospitals that comprise the membership, the following comments are offered for your consideration on the proposed amendment to 13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments.

Part (7)(A)5.D.(II) of the proposed amendment contains the following sentence: "If circumstances found in items (7)(A)5.D.(II)(a)I.-III. below are applicable, the facility may complete and submit the applicable alternate data." We believe the reference in this sentence should include the criteria under (7)(A)5.D.(II)(a)IV. as well.

Subpart (7)(A)5.D.(II)(d) of the proposed amendment contains the word "or" at the end of the paragraph that does not appear to be needed.

The MO HealthNet Division is proposing to remove part (7)(A)5.D.(IV) which allows a provider that met the criteria to use alternate data for an interim DSH payment adjustment in the previous year to continue to use alternate data until the required state DSH survey reflects the impact of the change. MHA staff believe that removing this provision entirely will result in allowable uncompensated care costs being recognized in one year but then not recognized until four years later. Staff recommend that this provision instead be amended as follows.

(IV) If a provider received an exception that allows it to use alternate data for interim DSH payment purposes under paragraph (7)(A)5. in the prior state fiscal year, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the annual impact of the change. Once the most recent cost report on file with the division reflects the annual impact of the change, it must be used rather than the alternate state DSH survey supplemental schedule. Both the required state DSH survey and the applicable alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which the interim DSH payments are being made.

RESPONSE AND EXPLANATION OF CHANGE: The MHD has made changes based on the above comments.

13 CSR 70-15.220 Disproportionate Share Hospital (DSH) Payments

(7) State DSH Survey Reporting Requirements.

(A) Beginning in SFY 2016, each hospital must complete and submit the state DSH survey set forth in paragraph (2)(X)1. (i.e., required state DSH survey) to the independent DSH auditor, the MO HealthNet Division's authorized agent, in order to be considered for an interim DSH payment for the subsequent SFY (i.e., DSH surveys collected during SFY 2016 will be used to calculate SFY 2017 interim DSH payments). The independent DSH auditor will distribute the state DSH survey template to the hospitals to complete and will notify them of the due date, which shall be a minimum of thirty (30) days from the date it is distributed. However, the state DSH survey is due to the independent DSH auditor no later than March 1 preceding the beginning of each state fiscal year for which the interim DSH payment is being calculated (i.e., the state DSH survey used for SFY 2017 interim DSH payments will be due to the independent DSH auditor no later than March 1, 2016). Hospitals that do not submit the state DSH survey by March 1 will not be eligible to receive an interim DSH payment for that SFY. The division may grant an industry-wide extension on the March 1 deadline due to unanticipated circumstances that affect the industry as a whole. The independent DSH auditor may perform an initial review of the required state DSH survey submitted by the hospital and make preliminary adjustments for use in calculating the interim DSH payment. The independent DSH auditor shall provide the hospital with any preliminary adjustments that are made for review and comment prior to the data being provided to MHD for use in calculating the interim DSH payment for the SFY. Additional or revised audit adjustments may be made to the DSH survey for purposes of the independent DSH audit.

1. A new facility that does not have cost report data for the fourth prior year may complete the state DSH survey using actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division.

2. A new facility that has not yet filed a twelve- (12-) month Medicaid cost report with the division may complete the state DSH survey using facility projections to reflect anticipated operations for the interim DSH payment period. Trends shall not be applied to the data used to complete the state DSH survey. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (3)(F).

3. Hospitals may elect not to receive an interim DSH payment for a SFY by completing a DSH waiver form. Hospitals that elect not to receive an interim DSH payment for a SFY must notify the division, or its authorized agent, that it elects not to receive an interim DSH payment for the upcoming SFY. If a hospital does not receive an interim DSH payment for a SFY, it will not be included in the independent DSH audit related to that SFY, and will not be eligible for final DSH audit payment adjustments related to that SFY unless it submits a request to the division to be included in the independent DSH audit. If the request is approved by the division, the hospital must submit all necessary data elements to the independent DSH auditor in order to be included in the audit and eligible for final DSH payment adjustments.

4. If a hospital received an interim DSH payment and later determined that it did not have uncompensated care costs for Medicaid and the uninsured to support part or all the interim DSH payment that it received or is receiving, the hospital may request that the interim DSH payments be stopped or it may return the entire interim DSH payment it received.

5. Exceptions process to use alternate data for interim DSH payment.

A. A hospital may submit a request to the division to have its interim DSH payment based on alternate data as set forth below rather than the state DSH survey required to be submitted for the year (i.e., required state DSH survey) if it meets the criteria for any of the circumstances detailed below in subparagraph (7)(A)5.D. The request must include an explanation of the circumstance, the impact it has on the

required state DSH survey period, and how it causes the data to be materially misstated or unrepresentative. The division shall review the facility's request and may, at its discretion and for good cause shown, use the alternate data in determining the interim DSH payment for the SFY. The division shall notify the facility of its decision regarding the request.

(I) Alternate state DSH survey. A state DSH survey completed using the actual, untrended cost and payment data from the most recent twelve- (12-) month cost report filed with the division. Any hospital requesting an exception must complete an alternate state DSH survey. If the most recent full-year cost report filed with the division does not reflect the impact of any material changes, a supplemental schedule, as defined below, may be completed and submitted in addition to the alternate state DSH survey. If the impact of any changes is reflected in the most recent full-year cost report filed with the division, the facility may only use the alternate state DSH survey.

(II) Alternate state DSH survey supplemental schedule. A supplemental schedule developed by the division to recognize material changes that have occurred at a hospital that are not yet reflected in the hospital's alternate state DSH survey. The supplemental schedule uses the data from the alternate state DSH survey as the basis and includes additional fields to reflect changes that occurred subsequent to the alternate state DSH survey period through the SFY for which the interim DSH payment is being calculated. The blank alternate state DSH survey supplemental schedule is referred to as the alternate state DSH survey supplemental template.

B. The provider must submit both the required state DSH survey and the alternate data for review to determine if the facility meets the criteria set forth below in subparagraph (7)(A)5.D.

C. The interim DSH payment based on the applicable alternate data shall be calculated in the same manner as the interim DSH payment based on the required state DSH survey, except for the trends applied to the alternate data as noted below in parts (7)(A)5.C.(I) and (II). The allocation percentage calculated at the beginning of the SFY year as set forth in part (3)(B)4.A.(I) shall be applied to the estimated UCC net of OOS DSH payments based on the alternate data to determine the preliminary interim DSH payment.

(I) Alternate state DSH survey. The trends applied to the alternate state DSH survey shall be from the year subsequent to the alternate state DSH survey period to the current SFY for which the interim DSH payment is being determined.

(II) Alternate state DSH survey supplemental schedule. Trends shall not be applied to an alternate state DSH survey supplemental schedule since it incorporates changes from the full-year cost report period through the SFY for which the interim DSH payment is being calculated.

D. Following are the circumstances for which a provider may request that its interim DSH payment be based on alternate data rather than the required state DSH survey, including the criteria and other requirements:

(I) Twenty percent (20.00%) DSH outlier. A provider may request that the alternate state DSH survey be used prior to the interim DSH payment being determined for the SFY if the untrended total estimated net cost from the alternate state DSH survey is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(a) Both the required state DSH survey and the alternate state DSH survey must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 preceding the beginning of each SFY for which interim DSH payments are being made;

(II) Extraordinary circumstances. A provider may request that alternate data be used if the facility experienced an extraordinary circumstance during or after the required state DSH survey report period up to the SFY for which the interim DSH payment is being calculated that caused the required DSH survey report period to be materially misstated and unrepresentative. If circumstances found in items (7)(A)5.D.(II)(a)I.-IV. below are applicable, the facility may complete and submit the applicable alternate data.

(a) Extraordinary circumstances include unavoidable circumstances that are beyond the control of the facility and include the following:

I. Act of God (i.e., tornado, hurricane, flooding, earthquake, lightning, natural wildfire, etc.);

II. War;

III. Civil disturbance; or

IV. If the data to complete the required state DSH survey set forth in paragraph (2)(X)1. is not available due to a change in ownership because the prior owner is out of business and is uncooperative and unwilling to provide the necessary data.

(b) A change in hospital operations or services (i.e., terminating or adding a service or a hospital wing; or, a change of owner, except as noted in item (7)(A)5.D.(II)(a)IV., manager, control, operation, leaseholder or leasehold interest, or Medicare provider number by whatever form for any hospital previously certified at any time for participation in the MO HealthNet program, etc.) does not constitute an extraordinary circumstance.

(c) Both the required state DSH survey and the alternate data must be submitted to the independent DSH auditor and the division, respectively, no later than March 1 if the alternate data is to be used to determine the interim DSH payment at the beginning of the SFY.

(d) A hospital may submit a request to use alternate data due to extraordinary circumstances after March 1, but the alternate data and the resulting interim DSH payment will be subject to the same requirements as the interim DSH payment adjustments noted below in subparts (7)(A)5.D.(III)(b)-(d). The requests relating to extraordinary circumstances received after the March 1 deadline will be included with the interim DSH payment adjustments requests in part (7)(A)5.D.(III) in distributing the unobligated DSH allotment and available state funds remaining for the SFY;

(III) Interim DSH payment adjustment.

(a) After the interim DSH payment has been calculated for the current SFY based on the required state DSH survey, a provider may request that alternate data be used if the untrended total estimated net cost from the alternate data is at least twenty percent (20.00%) higher than the trended total estimated net cost from the required state DSH survey (i.e., the increase is at least twenty percent (20.00%) rounded to two (2) decimal places).

(b) The division will process interim DSH payment adjustments once a year. After all requests are received, the division will determine whether revisions to the interim DSH payments are appropriate. Any revisions to the interim DSH payments are subject to the unobligated DSH allotment remaining for the SFY and availability of state funds.

(c) The request, including the alternate data, must be submitted to the division by December 31 of the current SFY for which interim DSH payments are being made.

(d) To the extent that state funds are available, the DSH allotment for the SFY that has not otherwise been obligated will be distributed proportionally to the hospitals determined to meet the above criteria, based on the difference between the preliminary interim DSH payment based on the alternate data and the original interim DSH payment; and

(IV) If a provider received an exception that allows it to use alternate data for interim DSH payment purposes under

paragraph (7)(A)5. in the prior SFY, it may continue to use alternate data for its interim DSH payment until the required state DSH survey reflects the annual impact of the change. The alternate state DSH survey supplemental schedule should be used until the most recent cost report on file with the division reflects the annual impact of the change. Both the required state DSH survey and the applicable alternate data must be submitted to the independent DSH auditor and the division no later than March 1 preceeding the beginning of each SFY for which the interim DSH payment is being made.

Title 13 – DEPARTMENT OF SOCIAL SERVICES
Division 70 – MO HealthNet Division
Chapter 20 – Pharmacy Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, the MO HealthNet Division withdraws a proposed rule as follows:

13 CSR 70-20.042 Automatic Refill Programs and Medication Synchronization Programs **is withdrawn**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 3, 2022 (47 MoReg 1437-1438). This proposed rule is withdrawn.

SUMMARY OF COMMENTS: No comments were received.

Title 16 – RETIREMENT SYSTEMS
Division 10 – The Public School Retirement System of Missouri
Chapter 5 – Retirement, Options and Benefits

ORDER OF RULEMAKING

By the authority vested in the board of trustees under section 169.020, RSMo Supp. 2022, the board of trustees hereby amends a rule of the Public School Retirement System of Missouri as follows:

16 CSR 10-5.010 Service Retirement **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2022 (47 MoReg 1300-1301). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 16 – RETIREMENT SYSTEMS
Division 10 – The Public School Retirement System of Missouri
Chapter 6 – The Public Education Employee Retirement System of Missouri

ORDER OF RULEMAKING

By the authority vested in the board of trustees under section 169.020, RSMo Supp. 2022, the board of trustees hereby amends a rule of the Public School Retirement System of Missouri as follows:

16 CSR 10-6.060 Service Retirement **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2022 (47 MoReg 1301-1305). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 100 – Safe Place for Newborns

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under section 210.950, RSMo Supp. 2022, the Department of Health and Senior Services adopts a rule as follows:

19 CSR 30-100.010 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 1, 2022 (47 MoReg 1305-1315). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received eight (8) comments on the proposed rule.

COMMENT #1: Sarah Schappe, director for the Joint Committee on Administrative Rules, comments that the citation of 21 CFR 880.5145 in paragraph (2)(A)1. should be incorporated by reference.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has made the change to incorporate by reference section 21 CFR 880.5145.

COMMENT #2: Sarah Schappe, director for the Joint Committee on Administrative Rules, comments that the last sentence in subsection (5)(C) is too ambiguous.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has made the change in subsection (6)(C) to require new registration forms to be filled out whenever a newborn safety incubator/device has been moved/relocated.

COMMENT #3: Sarah Schappe, director for the Joint Committee on Administrative Rules, comments that you may want to make the fiscal costs more open-ended since you may not know the number of registered facilities.
RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has amended the public and private fiscal notes to say $0 if there are no registered facilities up to the range of the number of private and public facilities that have expressed an interest to the department in installing the newborn safety incubators/devices for the first year. The department has also added annually thereafter costs.

COMMENT #4: Monica Kelsey, Founder/CEO of Safe Haven

Baby Boxes Inc., and Cathie Humbarger, the Director of Public Policy with Safe Haven Baby Boxes Inc., comment that the requirement that every registered facility have at least one individual trained, present, and on duty in the facility at all times, twenty-four (24) hours a day, seven (7) days a week to take possession of a newborn placed in the newborn safety incubator will limit fire stations from being able to become a registered facility.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has made changes to subsection (5)(B), so that an individual who is trained and on duty may be away from the registered facility at times. The department will require a registered facility to submit a back-up plan to the department for approval to verify who and how an individual will respond if the alarm goes off in the facility and/or the alarm system calls 911 and the relevant training this individual has related to the newborn safety incubator/device and how the individual will be able to access the newborn safety incubator/device.

COMMENT #5: Monica Kelsey, Founder/CEO of Safe Haven Baby Boxes Inc., comments that the fiscal note and public cost estimates are escalated as her organization has assisted in one hundred fourteen (114) baby box installations with licensed contractors in multiple states and the cost has never been over $30,000.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has changed the public fiscal note to reflect the cost of installing newborn safety devices is now $30,000. The department only included this cost on the public fiscal notes because the fire stations are more likely to install a newborn safety device rather than a newborn safety incubator.

COMMENT #6: Monica Kelsey, Founder/CEO of Safe Haven Baby Boxes Inc., and Cathie Humbarger, the Director of Public Policy with Safe Haven Baby Boxes Inc., comment that the rule should include a newborn safety device instead of just a newborn safety incubator. The Food and Drug Administration has determined that the Safe Haven Baby Box is not a medical device under federal law. Additionally, the rule should be modified to accommodate if a newborn safety device is installed on a structural wall in a building that has a lobby.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has changed the title of this rule, the purpose of this rule, the rule and forms included herein to indicate newborn safety incubator/device. The department has also defined newborn safety device and required any facility using a newborn safety device to design the newborn safety device in accordance with United States Patent Number 10,632,035 B1. Additionally, the department has set forth separate requirements for newborn safety devices and newborn safety incubators. Finally, the department has added that the access portal door/opening of the device can be on a structural wall in a lobby area for both newborn safety incubators and newborn safety devices.

COMMENT #7: The Missouri Department of Health and Senior Services, realized that it did not include the date of publication and the incorporation by reference language in order to incorporate by reference patent number 10,632,035 B1 into 19 CSR 30-100.010.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has included the publication/date the patent was obtained and incorporation by reference language in order to incorporate by reference patent number 10,632,035 B1 into 19 CSR 30-100.010.

COMMENT #8: The Missouri Department of Health and Senior Services does not think the following sentence in subsection (5)(F) is clear enough: "The facility shall complete documentation of this required testing of the access portal door/opening where the newborn is placed automatic locking system."

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has changed the sentence in subsection (5)(F) as follows: "The facility shall complete documentation of this required testing of the locking system for the access portal door/opening where the newborn is placed."

19 CSR 30-100.010 Newborn Safety Incubators/Devices

PURPOSE: This rule establishes the specifications governing the installation, maintenance, and oversight of newborn safety incubators and newborn safety devices.

(1) As used in this rule, the following terms and phrases shall mean:

(A) Department shall mean the Department of Health and Senior Services;

(B) Facility shall mean the entity registered with the Department of Health and Senior Services and approved to utilize an installed newborn safety incubator/device;

(C) Newborn safety device shall mean a device which is installed in an exterior wall of a facility or structure wall in a lobby area registered with the department and which has an exterior point of access that allows a relinquishing parent to place a newborn infant inside and an interior point of access that allows individuals inside the building of the facility to safely retrieve the newborn infant. A newborn safety device used to maintain an optimal environment for the care of a newborn infant shall be designed and constructed in accordance with United States Patent Number 10,632,035 B1;

(D) Newborn safety incubator shall mean a medical device used to maintain an optimal environment for the care of a newborn infant; and

(E) Relinquishing parent shall mean the biological parent or person acting on such parent's behalf who leaves a newborn infant in a newborn safety incubator/device.

(2) Specifications for a newborn safety incubator/device.

(A) Each newborn safety incubator shall –

1. Be a medical bassinet in compliance with 21 CFR 880.5145 with the exception of bassinet wheels. Section 21 CFR 880.5145 is incorporated by reference in this rule as last amended on December 19, 2016, and published by the Office of the Federal Register, 732 N. Capitol Street NW, Washington, DC 20401 or can be found at https://govinfo.gov. This rule does not incorporate any subsequent amendments or additions. The bassinet wheels shall be removed for installation in compliance with paragraph (2)(A)2.;

2. Have the supporting frame of the medical bassinet physically anchored to a position that aligns the plastic basket or bed portion of the bassinet with the wall directly beneath the access portal door and prevents movement of the unit as a whole; and

3. Provide a safe sleep environment which includes:

A. A firm flat bassinet mattress;

B. A bassinet mattress sheet that fits snugly on a mattress and overlaps the mattress, so it cannot be dislodged by pulling on the corner of the sheet; and

C. Is free from any bedding, including pillows, bumpers, and blankets; or

(B) Each newborn safety device shall –

1. Be a device designed in accordance with United States Patent Number 10,632,035 B1;

2. Provide a safe sleep environment which includes:

A. A firm flat mattress;

B. A mattress sheet that fits snugly on a mattress and overlaps the mattress, so it cannot be dislodged by pulling on the corner of the sheet; and

C. Is free from any bedding, including pillows, bumpers, and blankets.

(3) Installation of a newborn safety incubator.

(A) Access portal door.

1. The newborn safety incubator shall have an access portal door. This access portal door shall only be installed on an exterior wall or structure wall in a lobby area that ensures anonymity of the relinquishing parent and provides access to an area within the interior of the building. The newborn safety incubator access portal door shall only be installed in a manner within the interior of the building that provides unencumbered access from the exterior of the building or structure wall through the access portal door for the surrender of the child into the medical bassinet. The access portal door shall have a lock that can lock automatically upon closure by the relinquishing parent after the newborn has been placed in the newborn safety incubator. The placement of the newborn safety incubator access portal door and the medical bassinet within the interior of the building shall provide unencumbered access to the medical bassinet so a facility-trained individual can respond to an alarm notification that a child has been surrendered into the newborn safety incubator.

2. The access portal door shall –

A. Lock automatically upon closure;

B. May only be unlocked from the interior of the building;

C. Trigger a series of alarms that, at a minimum, shall include –

(I) An audible alarm triggered to a central location within the facility one (1) minute after the opening of the access portal door; and

(II) An automatic call to 911 triggered from the alarm system if the alarm is not turned off from within the facility within one (1) minute of the commencement of the initial alarm.

3. The installation of the access portal door shall be completed by a general contractor who shall affirm in the *General Contractor Attestation* form, included herein, that the access portal door and the area where the newborn safety incubator is located meets the requirements of subsections (3)(A) and (3)(B). The general contractor signing the form maintains ultimate responsibility for all work performed in the process of the construction of the access portal door and the area where the newborn safety incubator is located.

(B) Interior of the building.

1. The interior of the building shall provide a monitored climate controlled environment, including temperature control within the range of sixty-eight (68) to seventy-five (75) degrees.

2. The interior of the building shall provide air circulation that is free from pollutants, exhaust, chemical fumes, and smoke.

3. The interior of the building shall have an automated external defibrillator (AED) within close vicinity to the newborn safety incubator.

4. The interior of the building shall have appropriate lighting for relinquishing parents and staff to be able to see the newborn safety incubator and signage. This lighting shall have battery backup in the event that the electricity is out.

(C) Alarm system.

1. There shall be an alarm system installed in relation to the access portal door and the location where the newborn safety incubator is located that will alert a facility-trained individual overseeing the newborn safety incubator that the access portal door has been opened, so that the facility-trained individual can then check to see if a newborn has been placed in the newborn safety incubator.

2. The access portal door alarm shall only be capable of being turned off from within the facility once a response is made to the newborn safety incubator.

3. The access portal door alarm shall be –

A. Wired into the existing structure's electrical or telecommunications system;

B. If wired into the structure's existing electrical system –

(I) Be in compliance with the NFPA 70, National Electrical Code (NEC), and NFPA 1, Fire Code if applicable. The NFPA 70, NEC, Revised 2020, and NFPA 1, Fire Code, Revised 2021, are incorporated by reference in this rule as published by the National Fire Protection Agency, 1 Batterymarch Park, Quincy, Massachusetts, 02169-7471, or can be found at www.nfpa.org. This rule does not incorporate any subsequent amendments or additions;

(II) Be installed by a licensed electrical contractor; and

(III) If the facility has a secondary or back-up power supply, then the alarm system shall be wired into the secondary or back-up power supply to ensure continued operation of the alarm system during outages of the structure's primary power supply. If the facility does not have a secondary or back-up power supply, then the alarm system shall have battery back-up; and

C. Tested following installation to ensure the activation of the audible, 911, and disarming components of the system.

4. The installation of the alarm system shall be completed by either a licensed electrical contractor/electrician if wired into the structure's existing electrical system and the facility's secondary or back-up power supply if applicable or a telecommunications installation professional if wired into the structure's existing telecommunications network. The licensed electrical contractor/electrician or telecommunications installation professional who completes the installation of the alarm system shall affirm in the *Licensed Electrical Contractor/Electrician or Telecommunications Installation Professional Attestation* form, included herein, that the alarm system meets the requirements of paragraph (3)(A)2. and subsection (3)(C) in this rule. The licensed electrical contractor/electrician or the telecommunications installation professional who signs the form maintains ultimate responsibility for all work performed in the process of the installation of the alarm system.

(D) Signage.

1. Each location where a newborn safety incubator is installed shall post signage that clearly identifies the newborn safety incubator access portal door and provides both written and pictorial instruction to the relinquishing parents. This written signage shall be in both English, Spanish, and any other language that is commonly used in the community. The written and pictorial instruction shall depict how to do the following:

A. Open the access portal door;

B. Place the infant inside the medical bassinet; and

C. Close the access portal door to engage the lock.

2. The written signage shall also provide contact information for the Children's Division at the Missouri Department of Social Services, including the hotline number, in order to direct any questions the relinquishing parent(s) may have regarding the newborn after the newborn is placed in the newborn safety incubator to the Children's Division.

(4) Installation of a newborn safety device.

(A) A newborn safety device used to maintain an optimal

environment for the care of a newborn infant shall be designed and constructed in accordance with United States Patent Number 10,632,035 B1. United States Patent Number 10,632,035 B1 is incorporated by reference in this rule as published/obtained by Safe Haven Baby Boxes on April 28, 2020, and is available at Safe Haven Baby Boxes at PO Box 185, Woodburn, Indiana or online at www.shbb.org. This rule does not incorporate any subsequent amendments or additions.

(B) The installation of the newborn safety device shall be completed by a general contractor who shall affirm in the General Contractor Attestation form, included herein, that the newborn safety device and the area where the newborn safety device is located meets the requirements of subsections (4)(A) and (4)(C). The general contractor signing the form maintains ultimate responsibility for all work performed in the process of the construction of and the area where the newborn safety device is located.

(C) Interior of the building.

1. The interior of the building shall provide a monitored climate controlled environment, including temperature control within the range of sixty-eight (68) to seventy-five (75) degrees.

2. The interior of the building shall provide air circulation that is free from pollutants, exhaust, chemical fumes, and smoke.

3. The interior of the building shall have an automated external defibrillator (AED) within close vicinity to the newborn safety device.

4. The interior of the building shall have appropriate lighting for relinquishing parents and staff to be able to see the newborn safety device and signage. This lighting shall have battery backup in the event that the electricity is out.

(D) Alarm system.

1. There shall be an alarm system installed in relation to where the newborn safety device is located that will alert a facility-trained individual overseeing the newborn safety device that the newborn safety device has been opened, so that the facility-trained individual can then check to see if a newborn has been placed in the newborn safety device.

2. The alarm shall only be capable of being turned off from within the facility once a response is made to the newborn safety device.

3. The alarm shall be –

A. Wired into the existing structure's electrical or telecommunications system;

B. If wired into the structure's existing electrical system –

(I) Be in compliance with the NFPA 70, National Electrical Code (NEC), and NFPA 1, Fire Code if applicable. The NFPA 70, NEC, Revised 2020, and NFPA 1, Fire Code, Revised 2021, are incorporated by reference in this rule as published by the National Fire Protection Agency, 1 Batterymarch Park, Quincy, Massachusetts, 02169-7471, or can be found at www.nfpa.org. This rule does not incorporate any subsequent amendments or additions;

(II) Be installed by a licensed electrical contractor; and

(III) If the facility has a secondary or back-up power supply, then the alarm system shall be wired into the secondary or back-up power supply to ensure continued operation of the alarm system during outages of the structure's primary power supply. If the facility does not have a secondary or back-up power supply, then the alarm system shall have battery back-up; and

C. Tested following installation to ensure the activation of the audible, 911, and disarming components of the system.

4. The installation of the alarm system shall be completed by either a licensed electrical contractor/electrician if wired into the structure's existing electrical system and the facility's secondary or back-up power supply if applicable or a telecommunications installation professional if wired into the structure's existing telecommunications network. The licensed electrical contractor/electrician or telecommunications installation professional who completes the installation of the alarm system shall affirm in the *Licensed Electrical Contractor/Electrician or Telecommunications Installation Professional Attestation* form, included herein, that the alarm system meets the requirements of subsections (4)(A) and (4)(D) in this rule. The licensed electrical contractor/electrician or the telecommunications installation professional who signs the form maintains ultimate responsibility for all work performed in the process of the installation of the alarm system.

(E) Signage.

1. Each location where a newborn safety device is installed shall post signage that clearly identifies the newborn safety device front opening in which the newborn should be placed and provides both written and pictorial instruction to the relinquishing parents. This written signage shall be in both English, Spanish, and any other language that is commonly used in the community. The written and pictorial instruction shall depict how to do the following:

A. Open the newborn safety device;

B. Place the infant inside the newborn safety device; and

C. Close the newborn safety device to engage the lock.

2. The written signage shall also provide contact information for the Children's Division at the Missouri Department of Social Services, including the hotline number, in order to direct any questions the relinquishing parent(s) may have regarding the newborn after the newborn is placed in the newborn safety device to the Children's Division.

(5) Maintenance/staff.

(A) Each registered facility shall have a medical contact in order to obtain the required newborn safety incubator. The newborn safety incubator is a prescription device per 21 CFR 880.5145.

(B) Each registered facility shall have at least one (1) individual trained and on duty at all times, twenty four (24) hours a day, seven (7) days a week to take possession of a newborn placed in the newborn safety incubator/device. If a trained individual is on duty, but may at times be away from the facility, then the facility shall submit a back-up plan to the department for approval detailing who will respond, how the individual(s) will respond if the alarm goes off in the facility and/or an automatic call to 911 is placed by the alarm system, including gaining access to the newborn safety incubator/device and the training that the individual(s) has received. Training shall occur before the individual is initially placed on duty with the facility and as needed as issues/problems arise. Training shall consist of compliance with this rule including at least what to do when taking possession of a newborn from a newborn safety incubator/device –

1. How to care for the newborn before the newborn is transferred to the hospital;

2. Who to call for immediate transportation of the newborn to the nearest hospital;

3. How to test the alarm system, how to recognize the alarm, how to silence the alarm, how to check the newborn safety incubator/device twice a day for debris;

4. How to clean and sanitize the newborn safety incubator/device;

5. How to access the newborn safety incubator/device from the interior of the building;

6. How to complete required paperwork; and

7. Who to contact if there are any problems related to the relinquishment of a newborn.

(C) Staff shall also be current in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) certification which includes CPR and AED use specifically for infants. The facility shall complete documentation of the required training and maintain a list of individuals trained to be on duty. The facility shall also complete documentation regarding the individuals on duty each day. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. Documentation of the required training, the list of trained individuals and which individuals were on duty shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(D) Upon taking possession of a newborn from a newborn safety incubator/device, facility staff shall arrange for the immediate transportation of the child to the nearest hospital licensed pursuant to Chapter 197, RSMo.

(E) The facility shall test the alarm system a minimum of once a week to ensure the activation of the audible, 911, and disarming components of the system are properly working. The facility shall complete documentation of this required testing of the alarm system. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. Documentation of the required testing shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(F) The facility shall test the access portal door/the opening where the newborn is placed locking system at least once a week to ensure the activation of the automatic locking system. The facility shall complete documentation of this required testing of the locking system for the access portal door/opening where the newborn is placed. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. Documentation of the required testing shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(G) The newborn safety incubator/device shall be checked a minimum of twice daily for debris. The facility shall complete documentation of this twice daily check for debris. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. Documentation of the required twice daily check for debris shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(H) The newborn safety incubator/device shall be cleaned at least weekly and after any child surrender. The cleaning of the bassinet shall include:

1. An inspection for breaks in integrity that would impair either cleaning or disinfection/sterilization;

2. Sanitization of the basket or bed portion of the bassinet with an EPA-registered hospital disinfectant (e.g., phenolics) using the label's safety precautions and directions. The surfaces of the bassinet shall be rinsed with water after sanitizing and then dried before being returned to use; and

3. The facility shall complete documentation of this required cleaning and sanitization. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. Documentation of the required cleaning and sanitization shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(I) The facility shall keep track of the number of newborns placed into the newborn safety incubator/device at its facility. This documentation shall be maintained onsite and current as long as the newborn safety incubator/device is registered at that facility's location. This documentation shall be made available to the department upon the department's request. This documentation shall be maintained for a period of five (5) years.

(6) Oversight.

(A) Prior to utilizing an installed newborn safety incubator/device, each facility that has a newborn safety incubator/device installed at a location shall register with the department. This registration shall include –

1. A completed *Newborn Safety Incubator/Device – Location, Contact Information and Attestation of Compliance* registration form, included herein;

2. A completed *General Contractor Attestation* form, included herein, completed by the general contractor; and

3. A completed *Licensed Electrical Contractor/Electrician or Telecommunications Installation Professional Attestation* form, included herein, completed by the licensed electrical contractor/electrician or telecommunications installation professional.

(B) After receiving a completed registration packet, the department shall complete an inspection of the facility to confirm compliance with this rule. If the department finds any deficiencies during the inspection that do not conform with this rule, the department will provide the facility written notice of all deficiencies. The facility shall send the department a plan of corrections within ten (10) calendar days to demonstrate how the facility has corrected or is planning to correct the deficiencies set forth by the department.

(C) Once all deficiencies have been corrected by the facility and approved by the department, then the facility may begin utilizing the installed newborn safety incubator/device at the location and area of the facility that was reviewed and approved by the department. If the facility changes the location of the newborn safety incubator/device, then the facility shall immediately contact the department within twenty-four (24) hours and shall not use the newborn safety incubator/device until the department has inspected and approved the new location. The facility shall complete new registration forms set forth in subsection (6)(A) and send to the department prior to the department inspecting and approving of the new location.

(D) The department will post the location of approved facilities on its website at www.health.mo.gov.

(E) The facility shall make the department aware of any change(s) in the contact or contact information listed on the *Newborn Safety Incubator/Device–Location, Contact Information and Attestation of Compliance* registration form within ten (10) days of any change(s) occurring by completing a new *Newborn Safety Incubator/Device–Location, Contact Information and Attestation of Compliance* registration form and submitting it to the department.

(F) The facility shall annually complete a *Newborn Safety Incubator/Device–Location, Contact Information and Attestation of Compliance* registration form and submit this completed form to the department within thirty (30) days of the anniversary of the initial or previous renewal registration date.

(G) The department may, at any time, request additional information that the department determines to be necessary to assess compliance with the applicable criteria, standards, and requirements established by this rule. The facility shall submit any additional information requested by the department within thirty (30) days of the department's request. The department may require any additional information requested to be submitted in less than thirty (30) days if health or safety is of concern.

(H) Any facility that has a newborn safety incubator/device registered with the department may choose to voluntarily terminate their registration by doing the following:

1. Removing the newborn safety incubator/device from use by locking the access portal door/the opening where the newborn is placed and removing all signage for the newborn safety incubator/device; and

2. Notifying the department within seven (7) days of removing the newborn safety incubator/device from use, so the department can close out the registration and remove the facility's name and location from the department's website.

(I) The department may inspect the facility at any time to determine compliance with the requirements of this rule. If the department finds any deficiencies during the inspection that do not conform with this rule, the department will provide the facility written notice of all deficiencies. The facility shall send the department a written plan of corrections within ten (10) calendar days to demonstrate how the facility has corrected or is planning to correct the deficiencies set forth by the department. The plan of corrections shall include the date and time the facility plans to resume normal operation of the newborn safety incubator/device and what measures will be taken to mitigate any risk identified by cited deficiencies until the deficiency or deficiencies are corrected. Failure of the facility to be in compliance with the requirements of this rule may result in legal action against the facility by the department.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

NEWBORN SAFETY INCUBATOR/DEVICE- LOCATION, CONTACT INFORMATION AND ATTESTATION OF COMPLIANCE

REGISTRATION OF NEWBORN SAFETY INCUBATORS/DEVICES

There is/are_____(number) newborn safety incubator/s/devices located at the following location in Missouri:

_____ Name of Facility

_____ Street Address of Facility

_____ City and Zip Code

Please also list the mailing address if it is different from the address above, which may include PO Boxes

_____ Name of Facility

_____ Address of Facility, which may include PO Boxes

_____ City, State, and Zip Code

Please also provide additional contact information:

_____ Name of CEO/COO/Administrator

_____ Email address of CEO/COO/Administrator

_____ Fax number (if applicable)

_____ Phone number of CEO/COO/Administrator

_____ Phone number of facility which can be reached 24 hours a day

ATTESTATION OF COMPLIANCE

I have read and reviewed 19 CSR 30-100.010 and 210.950, RSMo, and agree to ensure compliance with 19 CSR 30-100.010 and 210.950, RSMo. I will make the Department aware of any change(s) in the contact or contact's information listed on this form within ten (10) days of the change(s) occurring. If I change the location of the newborn safety incubator/device, then I agree to immediately contact the Department within twenty-four (24) hours and to not use the newborn safety incubator/device until the Department has inspected and approved the new location. I agree to annually complete this form and send it to the Department within thirty (30) days of the anniversary of the initial or previous renewal registration date. In the event that I decide to voluntarily terminate my registration of a newborn safety incubator/deviceand stop using the newborn safety incubator/device, I agree to remove the newborn safety incubator/device from use by locking the access portal door/opening of the device where the newborn is placed and removing all signage for the newborn safety incubator/device . I will also notify the department within seven (7) days of removing the newbornsafety incubator/device from use so the Department can close out the registration and remove the facility's name and location from its website.

SIGNATURE OF COO/CEO/ADMINISTRATOR	DATE

Please return this form to the following email or mailing address:

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Services
P.O. Box 570
920 Wildwood Drive
Jefferson City, MO 65102-0570
emslicensing@health.mo.gov

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

LICENSED ELECTRICAL CONTRACTOR/ELECTRICIAN OR TELECOMMUNICATIONS INSTALLATION PROFESSIONAL ATTESTATION

ATTESTATION

This form shall be completed and signed by the licensed electrical contractor/electrician or telecommunications installation professional who completed the installation of the alarm system.

The installation of the alarm system was completed on_____.
DATE

I affirm that the alarm system complies with the following requirements in 19 CSR 30-100.010(3)(A)2 and (3)(C) or (4)(A) and (4)(D).

1. The alarm system installed in relation to the access portal door and the location where the newborn safety incubator/device is located will alert a facility trained individual overseeing the newborn safety incubator/device that the access portal door has been opened.
2. The access portal door alarm is only capable of being turned off from within the facility once a response is made to the newborn safety incubator/device.
3. The access portal door alarm is wired into the existing structure's: (please check one)
   ☐ electrical
   ☐ telecommunications system
   If wired into the structure's existing electrical system, then I attest that a licensed electrical contractor installed this wiring and the wiring is in compliance with the NFPA 70, National Electrical Code and NFPA 1, Fire Code (if applicable).
4. The facility (please check one)
   ☐ does have a secondary power supply
   ☐ does have a back-up power supply
   ☐ does not have a secondary or back-up power supply
   If the facility has a secondary or back-up power supply, the alarm system was wired into the secondary or back-up power supply by a licensed electrical contractor/electrician to ensure continued operation of the alarm system during outages of the structure's primary power supply.
5. A series of alarms trigger within one (1) minute after opening the access portal door (both an audible alarm triggered to a central location within the facility and an automatic call to 911 triggered from the alarm system if the alarm is not turned off from within the facility within one (1) minute of the commencement of the initial alarm).
6. The audible alarm, automatic call to 911 and the disarming component for the alarm system have been tested and are working appropriately.

By signing this form, I attest that the installation of the access portal door complies with the requirements set forth in 19 CSR 30-100.010(3)(A)2 & (3)(C) or (4)(A) & (4)(D).

SIGNATURE OF ELECTRICAL CONTRACTOR/ELECTRICIAN OR TELECOMMUNICATIONS INSTALLATION PROFESSIONAL WHO COMPLETED THE INSTALLATION OF THE ACCESS PORTAL DOOR/OPENING OF DEVICE	DATE

BUSINESS NAME (IF APPLICABLE)

STREET ADDRESS

CITY, STATE AND ZIP CODE

LICENSE NUMBER/JURISDICTION FOR THIS PROJECT (IF APPLICABLE)

PHONE NUMBER AND EMAIL ADDRESS (IF APPLICABLE)

Please return this form to the following email or mailing address:

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Services
P.O. Box 570
920 Wildwood Drive
Jefferson City, MO 65102-0570
emslicensing@health.mo.gov

MO 580-3387 (7-2022)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE

GENERAL CONTRACTOR ATTESTATION

This form shall be filled out and signed by the general contractor who completed the installation of the access portal door/device.

The installation of the access portal door/device was completed on_____.
DATE

I affirm that the access portal door/device complies with the following requirements in 19 CSR 30-100.010(3)(A) & (B) or (4)(A) & (4)(C):

1. The newborn safety incubator has an access portal door/opening to place the newborn.
2. The access portal door/device was installed on an exterior or structure wall and provides access to an area within the interior of the building.
3. There is unencumbered access from the exterior of the building/structure wall through the access portal door/device.
4. The access portal door/device has a lock that can be engaged by the relinquishing parent after the newborn has been placed in the newbornsafety incubator/device. The access portal door/device locks automatically upon closure. This lock may only be unlocked from the interior of the building.
5. A series of alarms trigger within one (1) minute after opening the access portal door/device (both an audible alarm triggered to a central location within the facility and an automatic call to 911 triggered from the alarm system if the alarm is not turned off from within the facility within one (1) minute of the commencement of the initial alarm).

By signing this form, I attest that the installation of the access portal door/device complies with the requirements set forth in 19 CSR 30-100.010(3)(A) & (B) or (4)(A) & (4)(C).

GENERAL CONTRACTOR'S SIGNATURE	DATE

GENERAL CONTRACTOR'S BUSINESS (IF APPLICABLE)

GENERAL CONTRACTOR'S STREET ADDRESS

GENERAL CONTRACTOR'S CITY, STATE AND ZIP CODE

GENERAL CONTRACTOR'S LICENSE NUMBER/JURISDICTION FOR THIS PROJECT (IF APPLICABLE)

GENERAL CONTRACTOR'S PHONE NUMBER AND EMAIL ADDRESS (IF APPLICABLE)

Please return this form to the following email or mailing address:

Missouri Department of Health and Senior Services
Bureau of Emergency Medical Services
P.O. Box 570
920 Wildwood Drive
Jefferson City, MO 65102-0570
emslicensing@health.mo.gov

REVISED PUBLIC COST: The public cost may range from zero to seven hundred eighty-one thousand four hundred thirty dollars ($0-$781,430) in the first year if there are no facilities up to two (2) facilities which install newborn safety devices and $0 annually thereafter if no newborn safety devices are installed up to seven hundred twenty-six thousand four hundred thirty dollars ($0-$726,430) annually thereafter if two (2) facilities install newborn safety devices versus the nine hundred five thousand nine hundred thirty dollars ($905,930) cost in the aggregate which was submitted in the original estimate.

REVISED PRIVATE COST: The public cost may range from zero to four hundred forty-seven thousand nine hundred sixty-five dollars ($0-$447,965) in the first year if no facilities up to one (1) facility installs a newborn safety incubator and $0 annually thereafter if no newborn safety devices are installed up to three hundred fifty-three thousand two hundred fifteen dollars ($0-$353,215) annually thereafter if one (1) facility installs a newborn safety incubator versus the four hundred forty-seven thousand nine hundred sixty-five dollars ($447,965) cost in the aggregate which was submitted in the original estimate.

FISCAL NOTE
PUBLIC COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: 19 CSR 30-100.010 Newborn Safety Incubators.

Rule Number and Title:	19 CSR 30-100.010 Newborn Safety Incubators
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
(2) Entities/Facilities with Newborn Safety Incubators	$771,430 for the first year
(1) DHSS Inspector	$10,000 for the first year
TOTAL COSTS =	**Costs may range from $0 if no public facilities install a newborn safety device to $781,430 in the first year if the two (2) facilities install newborn safety devices and $0 annually thereafter if no newborn safety devices are installed up to $726,430 annually thereafter if two (2) facilities install newborn safety devices.**

III. WORKSHEET

Costs for each entity

Installation of a newborn safety device- $30,000.

Staff on duty
One (1) staff X $15.00 X 24 hours/day X 7 days/week X 52 weeks/year = $131,040

Benefits for five staff to rotate 24/7 schedule
$40,000 benefits X (5) staff for each entity = $200,000/year

Paid training to train new and current staff
Paid training to train new and current staff= $3,000

CPR with AED training
Class to train staff for CPR and AED $35.00 X five (5) staff = $175

AED machine
AED machine= $2,500

Supervisor to train staff, ensure inspections are completed and fill out paperwork
1/8 of supervisor's duties for entity= $15,000

Maintenance and testing of access portal door and audible alarm system
Maintenance and testing of access portal door and audible alarm system= $4,000

Total for costs for public entities = $30,000 (installation of newborn safety device) + $131,040 (staff on duty) + $200,000 (benefits for five staff) + $3,000 (paid training to train new and current staff) + $175 (CPR with AED training) + $2,500 (AED machine) + $15,000 (supervisor to train) + $4,000 (maintenance and testing of access portal door and audible alarm system) = $385,715 annually X 2 facilities/entities = $771,430 1st year.

Department Inspector
Department inspector 1/8 of current job duties - $10,000.

Annually thereafter
$131,040 (staff on duty) + $200,000 (benefits for five staff) + $3,000 (paid training to train new and current staff) + $175 (CPR with AED training) + $15,000 (supervisor to train) + $4,000 (maintenance and testing of access portal door and audible alarm system) + $10,000 (Department inspector) = $363,215 annually X 2 facilities/entities= $726,430 annually thereafter.

IV. ASSUMPTIONS

The Department has heard of two public entities that may be interested in installing newborn safety devices. The Department is estimating the installation of newborn safety devices instead of newborn safety incubators.

The Department is estimating a staff of at least five (5) individuals to rotate through a 24/7 schedule. The pay is estimated at the federal minimum wage of $15.00. The Department is also estimating that a supervisor that already works for the entity/facility will conduct the training with the staff and ensure that inspections and paperwork is completed.

The Department has estimated the construction costs and the set-up of the alarm system in these costs. After the first year, these costs will not be incurred again. However, in subsequent years, there will be costs for the maintenance and testing of the systems (access portal door and audible alarm system).

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: 19 CSR 30-100.010 Newborn Safety Incubators

Rule Number and Title:	19 CSR 30-30-100.010 Newborn Safety Incubators
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
(1)	Entity/Facility with Newborn Safety Incubators	$447,965 for the first year
	TOTAL COSTS =	**Costs may range from $0 if no private facilities install a newborn safety incubator to $447,965 for the first year if 1 facility installs a newborn safety incubator and $0 annually thereafter if no newborn safety incubators are installed up to $353,215 annually thereafter if one (1) facility installs a newborn safety incubator.**

III. WORKSHEET

Costs for the entity

Medical bassinet
Medical bassinet, mattress and sheets = $1750

Signage
Sign to post by the newborn safety incubator = $500

Room addition or renovation of space for newborn safety incubator
Construction of a room or renovation of space to place the newborn safety incubator including the costs of the general contractor, the access portal door on the exterior wall,

locking system for the access portal door, climate controlled environment with a proper air circulation system and lighting including battery backup = $75,000.

Audible alarm system
Audible alarm system with automatic call capability to 911 if the alarm is not disarmed within one (1) minute, costs for licensed electrical contractor and potentially a telecommunications installation professional to install and wire the alarm system, wiring of electrical access portal door alarm into the existing electrical system, and alarm system wired into secondary backup supply or battery backup = $15,000.

Staff on duty
One (1) staff X $15.00 X 24 hours/day X 7 days/week X 52 weeks/year = $131,040

Benefits for five staff to rotate 24/7 schedule
$40,000 benefits X (5) staff for each entity = $200,000/year

Paid training to train new and current staff
Paid training to train new and current staff= $3,000

CPR with AED training
Class to train staff for CPR and AED $35.00 X five (5) staff = $175

AED machine
AED machine= $2,500

Supervisor to train staff, ensure inspections are completed and fill out paperwork
1/8 of supervisor's duties for entity= $15,000

Maintenance and testing of access portal door and audible alarm system
Maintenance and testing of access portal door and audible alarm system= $4,000

Total for costs for private entity = $1750 (medical bassinet) + $500 (signage) + $75,000 (room renovation or addition) + $15,000 (audible alarm system) + $131,040 (staff on duty) + $200,000 (benefits for five staff) + $3,000 (paid training to train new and current staff) + $175 (CPR with AED training) + $2,500 (AED machine) + $15,000 (supervisor to train) + $4,000 (maintenance and testing of access portal door and audible alarm system) = $447,965

Annually thereafter
$131,040 (staff on duty) + $200,000 (benefits for five staff) + $3,000 (paid training to train new and current staff) + $175 (CPR with AED training) + $15,000 (supervisor to train) + $4,000 (maintenance and testing of access portal door and audible alarm system) = $353,215 annually thereafter.

IV. ASSUMPTIONS

The Department has heard of one private facility that may be interested. However, the Department is unsure if this facility will pursue the installation of the newborn safety incubator/device.

The Department is estimating that the private facility will install a newborn safety incubator.

The Department is estimating a staff of at least five (5) individuals to rotate through a 24/7 schedule. The pay is estimated at the federal minimum wage of $15.00. The Department is also estimating that a supervisor that already works for the entity/facility will conduct the training with the staff and ensure that inspections and paperwork is completed.

The Department has estimated the construction costs and the set-up of the alarm system in these costs. After the first year, these costs will not be incurred again. However, in subsequent years, there will be costs for the maintenance and testing of the systems (access portal door and audible alarm system).

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

Title 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60 – Missouri Health Facilities Review Committee
Chapter 50 – Certificate of Need Program

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for January 9, 2023. These applications are available for public inspection at the address shown below.

Date Filed
Project Number: Project Name
City (County)
Cost, Description

10/19/2022
#5980 HS: St. Luke's Episcopal Presbyterian Hospital
Chesterfield (St. Louis County)
$1,500,000, Replace CT unit

10/27/2022
#5966 HS: Mercy Hospital St. Louis
St. Louis (St. Louis County)
$2,252,064, Replace CT unit

10/27/2022
#5982 HS: Lee's Summit Medical Center
Lee's Summit (Jackson County)
$2,495,750, Add additional robotic surgery unit

#5961 HS: SSM St. Mary's Hospital
St. Louis (St. Louis City)
$1,626,186, Replace robotic surgery unit

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by November 30, 2022. All written requests and comments should be sent to –

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Alison Dorge at alison.dorge@health.mo.gov.

Title 20 – DEPARTMENT OF COMMERCE AND INSURANCE

IN ADDITION

Pursuant to section 537.610, RSMo, regarding the Sovereign Immunity Limits for Missouri Public Entities, the Director of the Department of Commerce and Insurance is required to calculate the new limit on awards for liability.

Using the Implicit Price Deflator (IPD) for Personal Consumption Expenditures (PCE), as required by section 537.610, RSMo, the two (2) new Sovereign Immunity Limits effective January 1, 2023, were established by the following calculations:

Index Based on 2012 Dollars	
Third Quarter 2021 IPD Index	116.232
Third Quarter 2022 IPD Index	123.686

New 2023 Limit = 2022 Limit x (2022 Index/2021 Index)

For all claims arising out of a single accident or occurrence:
$3,258,368 = $3,065,952 x (123.686/116.232)

For any one (1) person in a single accident or occurrence:
$488,755 = $459,893 x (123.686/116.232)

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF DISSOLUTION OF CORPORATION TO ALL CREDITORS OF AND CLAIMANTS AGAINST GWC, INC.

On October 17, 2022, GWC, Inc., a Missouri corporation ("Company"), filed its Articles of Dissolution with the Missouri Secretary of State. You are hereby notified that if you believe you have a claim against the Company, you must submit a written claim to Michael Cohen, 1539 Centenary Court, Valley Park, Missouri 63088. Each claim must include the name, address and telephone number of the claimant; the amount of the claim; the basis for the claim; the date the event on which the claim is based occurred; whether the claim is secured, and if so, the nature of the security; and documentation of the claim. ALL CLAIMS AGAINST THE COMPANY WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED AGAINST THE COMPANY WITHIN TWO (2) YEARS AFTER THE PUBLICATION OF THIS NOTICE.

NOTICE OF DISSOLUTION TO ALL CLAIMANTS AGAINST 4176 MANCHESTER, LLC a Missouri Limited Liability Company

On November 1, 2022, 4176 Manchester, LLC, a Missouri limited liability company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State, effective as of November 1, 2022.

All claims must include: the name, address, and telephone number of the claimant; the amount claimed; the basis of the claim; the date(s) on which the events occurred which provided the basis for the claim; and copies of any other supporting data. Claims should be in writing and mailed to Beckemeier LeMoine Law, 13421 Manchester Rd., Ste. 103, St. Louis, MO 63131.

Any claim against 4176 Manchester, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CLAIMANTS AGAINST GROVE EQUITIES, LLC a Missouri Limited Liability Company

On November 1, 2022, Grove Equities, LLC, a Missouri limited liability company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State, effective as of November 1, 2022.

All claims must include: the name, address, and telephone number of the claimant; the amount claimed; the basis of the claim; the date(s) on which the events occurred which provided the basis for the claim; and copies of any other supporting data. Claims should be in writing and mailed to Beckemeier LeMoine Law, 13421 Manchester Rd., Ste. 103, St. Louis, MO 63131.

Any claim against Grove Equities, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST KCRE LAND LLC

KCRE LAND LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on September 6, 2022.

Any and all claims against KCRE LAND LLC, may be sent to Larry G. Schulz, Esq., 2900 Brooktree Lane, Suite 100, Gladstone, Missouri 64119. Each claim should include the following information: the name, address and telephone number of the claimant; the amount of the claim; the basis for the claim; documentation supporting the claim; and the date(s) on which the event(s) on which the claim is based occurred.

Any and all claims against KCRE LAND LLC will be barred unless a proceeding to enforce such claim is commenced within two (2) years after the date this notice is published.

NOTICE OF DISSOLUTION TO ALL CLAIMANTS AGAINST GROVE STL COFFEE LLC a Missouri Limited Liability Company

On November 1, 2022, Grove STL Coffee LLC, a Missouri limited liability company, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State, effective as of November 1, 2022.
All claims must include: the name, address, and telephone number of the claimant; the amount claimed; the basis of the claim; the date(s) on which the events occurred which provided the basis for the claim; and copies of any other supporting data. Claims should be in writing and mailed to Beckemeier LeMoine Law, 13421 Manchester Rd., Ste. 103, St. Louis, MO 63131.
Any claim against Grove STL Coffee LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST CATON PROPERTIES, L.L.C.

Effective November 10, 2022, Caton Properties, L.L.C., a Missouri limited liability company (the "Company"), the principal office of which is located at 2077 NE Rice Road, Lee's Summit, Missouri 64064, was voluntarily dissolved.

All claims against the Company should be presented in accordance with this notice. Claims should be in writing and sent to the Company at this mailing address:

2077 NE Rice Road
Lee's Summit, MO 64064

The claim must contain: (1) the name, address and telephone number of the claimants; (2) the amount of the claim or other relief demanded; (3) the basis of the claim and any documents related to the claim; and (4) the date(s) as of which the event(s) on which the claim is based occurred. Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after publication of this notice.

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST TWAIN INVESTMENT FUND 110, LLC

On October 12, 2022, Twain Investment Fund 110, LLC (the "Company") filed its Notice of Winding Up with the Missouri Secretary of State. The Company requests that all persons and organizations who have claims against it present them immediately by letter to Daniel A. Kaplan at 60 South Sixth Street, Suite 2700, Minneapolis, Minnesota 55402.

All claims must include the following information: (a) name and address of the claimant, (b) the amount claimed, (c) date on which the claim arose, (d) basis for the claim and documentation thereof, and (e) whether or not the claim was secured and, if so, the collateral used as security.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the date of publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST LAKESIDE VENTURES, LLC

On November 7, 2022, Lakeside Ventures, LLC a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective on the filing date.

Any claims against the Company may be sent to Danna McKitrick, P.C. 7701 Forsyth Blvd., Suite 1200, St. Louis, MO 63105, attention Ronald N. Danna, Esq. Each claim must include the following information: 1) claimant's name address and telephone number; 2) amount of the claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; 5) documentation in support of the claim; and 6) if the claim is secured, and if so, the collateral used as security.

Any and all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS AND CLAIMANTS AGAINST HAWKINS USB ACQUISITION, LLC

Notice is hereby given that Hawkins USB ACQUISITION, LLC, a Missouri limited liability company (the "Company"), is being liquidated and dissolved pursuant to the Missouri Limited Liability Company Act (the "Act"). This notice is being given pursuant to Section 347.141 of the Act.

All persons with claims against the Company should submit them in writing in accordance with this notice to: Vatterott Harris P.C., Attn: Paul J. Harris, 2458 Old Dorsett Road, Suite 230, Maryland Heights, MO 63043.

Claims against the Company must include: (1) the claimant's name, address and phone number, (2) the amount claimed, (3) the date the claim arose, (4) the basis of the claim, and (5) documentation supporting the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is enforced within three years after the publication of this notice.

**NOTICE OF WINDING UP
OF LIMITED LIABILITY COMPANY
TO ALL CREDITORS AND CLAIMANTS
AGAINST HAWKINS PRESERVATION, L.L.C.**

Notice is hereby given that Hawkins Preservation, L.L.C., a Missouri limited liability company (the "Company"), is being liquidated and dissolved pursuant to the Missouri Limited Liability Company Act (the "Act"). This notice is being given pursuant to Section 347.141 of the Act.

All persons with claims against the Company should submit them in writing in accordance with this notice to: Vatterott Harris P.C., Attn: Paul J. Harris, 2458 Old Dorsett Road, Suite 230, Maryland Heights, MO 63043.

Claims against the Company must include: (1) the claimant's name, address and phone number, (2) the amount claimed, (3) the date the claim arose, (4) the basis of the claim, and (5) documentation supporting the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is enforced within three years after the publication of this notice.

**NOTICE OF WINDING UP
OF LIMITED PARTNERSHIP
TO ALL CREDITORS AND CLAIMANTS
AGAINST HAWKINS VILLAGE PRESERVATION, L.P.**

Notice is hereby given that Hawkins Village Preservation, L.P., a Missouri limited partnership (the "Company"), is being liquidated and dissolved pursuant to the Uniform Limited Partnership Act, and that the Missouri Secretary of State's Office issued its Certificate of Cancellation on November 14, 2022.

All persons with claims against the Company should submit them in writing in accordance with this notice to: Vatterott Harris P.C., Attn: Paul J. Harris, 2458 Old Dorsett Road, Suite 230, Maryland Heights, MO 63043.

Claims against the Company must include: (1) the claimant's name, address and phone number, (2) the amount claimed, (3) the date the claim arose, (4) the basis of the claim, and (5) documentation supporting the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is enforced within three years after the publication of this notice.

NOTICE OF WINDING UP
FOR LIMITED LIABILITY COMPANY
TO ALL CREDITORS OF AND CLAIMANTS AGAINST
BK FOOT BRACES, LLC

On November 7, 2022, BK Foot Braces, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Said limited liability company requests that all persons and organizations who have claims against it present them by letter immediately to the company in care of: Carlyle Foley, Attorney at Law, 208 N. Church Street, Fayette, Missouri 65248. Claims must include name and address of claimant; amount of claim; basis of claim; and documentation of claim.

Pursuant to §347.141 RSMo, any claim against BK Foot Braces, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 46 (2021) and 47 (2022). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
1 CSR 15-1.207	Administrative Hearing Commission		This Issue		
	DEPARTMENT OF AGRICULTURE				
2 CSR 60-4.110	Grain Inspection and Warehousing		47 MoReg 823		
2 CSR 60-5.100	Grain Inspection and Warehousing		47 MoReg 824		
2 CSR 80-2.190	State Milk Board		47 MoReg 966	47 MoReg 1596	
2 CSR 80-5.010	State Milk Board		47 MoReg 966	47 MoReg 1596	
2 CSR 90-10.020	Weights, Measures and Consumer Protection		47 MoReg 1424		
	DEPARTMENT OF CONSERVATION				
3 CSR 10-5.900	Conservation Commission				47 MoReg 1459
3 CSR 10-7.433	Conservation Commission		47 MoReg 871	47 MoReg 1546	
3 CSR 10-7.705	Conservation Commission		47 MoReg 871	47 MoReg 1546	
3 CSR 10-9.354	Conservation Commission		47 MoReg 1501		
3 CSR 10-9.565	Conservation Commission		47 MoReg 1504		
3 CSR 10-11.115	Conservation Commission		47 MoReg 1281		
3 CSR 10-11.160	Conservation Commission		47 MoReg 1508		
3 CSR 10-11.184	Conservation Commission		47 MoReg 1281		
3 CSR 10-11.185	Conservation Commission		47 MoReg 1282		
3 CSR 10-11.215	Conservation Commission		47 MoReg 1285		
3 CSR 10-12.110	Conservation Commission		47 MoReg 1285		
3 CSR 10-12.135	Conservation Commission		47 MoReg 1285		
3 CSR 10-12.140	Conservation Commission		47 MoReg 1286		
3 CSR 10-12.145	Conservation Commission		47 MoReg 1289		
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 80-6.010	Economic Development Programs		47 MoReg 1709R		
4 CSR 85-1.010	Division of Business and Community Services		47 MoReg 1709R		
4 CSR 85-3.010	Division of Business and Community Services		47 MoReg 1709R		
4 CSR 85-3.020	Division of Business and Community Services		47 MoReg 1710R		
4 CSR 85-3.030	Division of Business and Community Services		47 MoReg 1710R		
4 CSR 85-3.040	Division of Business and Community Services		47 MoReg 1710R		
4 CSR 85-3.050	Division of Business and Community Services		47 MoReg 1711R		
4 CSR 260-1.010	Division of Savings and Loan Supervision		47 MoReg 1711R		
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 20-100.210	Division of Learning Services		47 MoReg 550		
5 CSR 20-400.220	Division of Learning Services	47 MoReg 1419	47 MoReg 1424		
5 CSR 20-400.370	Division of Learning Services		47 MoReg 1425		
5 CSR 20-400.610	Division of Learning Services		47 MoReg 1077		
5 CSR 20-500.250	Division of Learning Services		47 MoReg 780	47 MoReg 1596	
5 CSR 25-100.120	Office of Childhood		47 MoReg 1573		
5 CSR 25-100.330	Office of Childhood		47 MoReg 1078		
5 CSR 25-200.060	Office of Childhood		47 MoReg 1430		
5 CSR 25-400.105	Office of Childhood		47 MoReg 1576		
5 CSR 25-500.102	Office of Childhood		47 MoReg 1577		
5 CSR 30-4.030	Division of Financial and Administrative Services		47 MoReg 872	47 MoReg 1723	
5 CSR 30-660.090	Division of Financial and Administrative Services	47 MoReg 779	47 MoReg 784	47 MoReg 1596	
	DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT				
6 CSR 10-2.080	Commissioner of Higher Education		47 MoReg 1579R		
6 CSR 10-2.090	Commissioner of Higher Education		47 MoReg 1579R		
6 CSR 10-2.110	Commissioner of Higher Education		This Issue R		
	MISSOURI DEPARTMENT OF TRANSPORTATION				
7 CSR 10-1.020	Missouri Highways and Transportation Commission		47 MoReg 967	This Issue	
7 CSR 10-17.020	Missouri Highways and Transportation Commission		47 MoReg 1508		
7 CSR 10-17.030	Missouri Highways and Transportation Commission		47 MoReg 1511		
7 CSR 10-17-040	Missouri Highways and Transportation Commission		47 MoReg 1512		
7 CSR 10-17.050	Missouri Highways and Transportation Commission		47 MoReg 1512		
7 CSR 10-17.060	Missouri Highways and Transportation Commission		47 MoReg 1514		
7 CSR 10-25.010	Missouri Highways and Transportation Commission		47 MoReg 967	This Issue	
7 CSR 10-25.020	Missouri Highways and Transportation Commission		47 MoReg 1229		
7 CSR 10-25.030	Missouri Highways and Transportation Commission		47 MoReg 968	This Issue	
7 CSR 10-25.070	Missouri Highways and Transportation Commission		47 MoReg 968	This Issue	
7 CSR 10-25.071	Missouri Highways and Transportation Commission		47 MoReg 968	This Issue	
7 CSR 10-25.080	Missouri Highways and Transportation Commission		47 MoReg 969	This Issue	
7 CSR 10-25.090	Missouri Highways and Transportation Commission		47 MoReg 969	This Issue	
7 CSR 60-1.010	Highway Safety and Traffic Division		47 MoReg 1515R 47 MoReg 1515		
7 CSR 60-1.020	Highway Safety and Traffic Division		47 MoReg 1516R 47 MoReg 1516		
7 CSR 60-1.030	Highway Safety and Traffic Division		47 MoReg 1517R 47 MoReg 1517		

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7 CSR 60-1.040	Highway Safety and Traffic Division		47 MoReg 1518R 47 MoReg 1518		
7 CSR 60-1.050	Highway Safety and Traffic Division		47 MoReg 1519R		
7 CSR 60-1.060	Highway Safety and Traffic Division		47 MoReg 1519R		
7 CSR 60-1.070	Highway Safety and Traffic Division		47 MoReg 1520R		
7 CSR 60-1.080	Highway Safety and Traffic Division		47 MoReg 1520R		
7 CSR 60-1.090	Highway Safety and Traffic Division		47 MoReg 1520R		
7 CSR 60-1.100	Highway Safety and Traffic Division		47 MoReg 1520R		
7 CSR 60-1.110	Highway Safety and Traffic Division		47 MoReg 1521R		
7 CSR 60-2.010	Highway Safety and Traffic Division		47 MoReg 824	47 MoReg 1679	
7 CSR 60-2.020	Highway Safety and Traffic Division		47 MoReg 826	47 MoReg 1679	
7 CSR 60-2.030	Highway Safety and Traffic Division		47 MoReg 826	47 MoReg 1679	
7 CSR 60-2.040	Highway Safety and Traffic Division		47 MoReg 827	47 MoReg 1679	
7 CSR 60-2.050	Highway Safety and Traffic Division		47 MoReg 827	47 MoReg 1680	
7 CSR 60-2.060	Highway Safety and Traffic Division		47 MoReg 828	47 MoReg 1680	
7 CSR 60-3.010	Highway Safety and Traffic Division		47 MoReg 828R 47 MoReg 828	47 MoReg 1680R 47 MoReg 1680	
7 CSR 265-10.017	Motor Carrier and Railroad Safety		47 MoReg 970	This Issue	
7 CSR 265-10.025	Motor Carrier and Railroad Safety		47 MoReg 970	This Issue	
7 CSR 265-10.035	Motor Carrier and Railroad Safety		47 MoReg 971	This Issue	
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9 CSR 30-3.190	Certification Standards		47 MoReg 1432R 47 MoReg 1433		
9 CSR 30-4.0432	Certification Standards		47 MoReg 569	47 MoReg 1455	
9 CSR 30-7.010	Certification Standards		This Issue		
9 CSR 45-2.010	Division of Developmental Disabilities		47 MoReg 1580		
9 CSR 45-2.015	Division of Developmental Disabilities		47 MoReg 1585		
9 CSR 45-2.017	Division of Developmental Disabilities		47 MoReg 1587		
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10 CSR 20-6.200	Clean Water Commission		47 MoReg 1081		
10 CSR 90-2.010	State Parks		47 MoReg 1289		
10 CSR 90-2.030	State Parks		47 MoReg 1290		
10 CSR 90-2.050	State Parks		47 MoReg 1291		
10 CSR 140-2	Division of Energy				47 MoReg 1459
10 CSR 140-8.010	Division of Energy		47 MoReg 1082	47 MoReg 1723W	
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11 CSR 45-7.120	Missouri Gaming Commission		47 MoReg 1711		
11 CSR 45-7.145	Missouri Gaming Commission		47 MoReg 1712		
11 CSR 45-9.030	Missouri Gaming Commission		47 MoReg 1436		
11 CSR 45-9.104	Missouri Gaming Commission		47 MoReg 1436		
11 CSR 45-9.109	Missouri Gaming Commission		47 MoReg 1437		
11 CSR 45-9.112	Missouri Gaming Commission		47 MoReg 1592		
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11 CSR 70-2.130	Division of Alcohol and Tobacco Control		47 MoReg 875	47 MoReg 1724	
11 CSR 70-2.140	Division of Alcohol and Tobacco Control		47 MoReg 877	47 MoReg 1725	
11 CSR 70-2.150	Division of Alcohol and Tobacco Control		47 MoReg 879	47 MoReg 1726	
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12 CSR 10-41.010	Director of Revenue	47 MoReg 1703	47 MoReg 1711		
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13 CSR 35-31.100	Children's Division		This Issue		
13 CSR 40-37.010	Family Support Division		47 MoReg 1437R		
13 CSR 70-3.030	MO HealthNet Division		47 MoReg 1291		
13 CSR 70-3.180	MO HealthNet Division		46 MoReg 1675 47 MoReg 237		
13 CSR 70-3.320	MO HealthNet Division		47 MoReg 883	47 MoReg 1546	
13 CSR 70-4.051	MO HealthNet Division		47 MoReg 886R	47 MoReg 1546 R	
13 CSR 70-5.010	MO HealthNet Division		47 MoReg 886	47 MoReg 1547	
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13 CSR 70-15.110	MO HealthNet Division	47 MoReg 950	47 MoReg 996	47 MoReg 1728	
13 CSR 70-15.160	MO HealthNet Division	47 MoReg 956	47 MoReg 1002	47 MoReg 1730	
13 CSR 70-15.190	MO HealthNet Division	47 MoReg 1061	47 MoReg 1083	47 MoReg 1731	
13 CSR 70-15.220	MO HealthNet Division	47 MoReg 1062	47 MoReg 1085	This Issue	
13 CSR 70-15.230	MO HealthNet Division	47 MoReg 960	47 MoReg 1006	47 MoReg 1731	
13 CSR 70-20.042	MO HealthNet Division		47 MoReg 1437	This Issue W	
13 CSR 70-90.010	MO HealthNet Division		47 MoReg 1716		
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13 CSR 70-97.010	MO HealthNet Division		47 MoReg 1716		
13 CSR 70-98.030	MO HealthNet Division		47 MoReg 1438		
13 CSR 110-5.010	Division of Youth Services		This Issue		

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15 CSR 30-14.010	Secretary of State		47 MoReg 886	47 MoReg 1455	
15 CSR 30-200.015	Secretary of State		47 MoReg 1677		
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16 CSR 10-5.020	The Public School Retirement System of Missouri		47 MoReg 829	47 MoReg 1455	
16 CSR 10-6.060	The Public School Retirement System of Missouri		47 MoReg 1301	This Issue	
16 CSR 10-6.070	The Public School Retirement System of Missouri		47 MoReg 832	47 MoReg 1455	
16 CSR 50-1.010	The County Employees' Retirement Fund		47 MoReg 1677		
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19 CSR 10-15.010	Office of the Director		47 MoReg 1593		
19 CSR 20-20.020	Division of Community and Public Health	47 MoReg 1369	47 MoReg 1371		
19 CSR 20-60.010	Division of Community and Public Health		47 MoReg 1521		
19 CSR 25-30.021	Missouri State Public Health Laboratory	47 MoReg 1706	47 MoReg 1718		
19 CSR 30-1.002	Division of Regulation and Licensure	47 MoReg 1481	47 MoReg 1522		
19 CSR 30-1.015	Division of Regulation and Licensure		47 MoReg 1375		
19 CSR 30-1.017	Division of Regulation and Licensure		47 MoReg 1378		
19 CSR 30-20.144	Division of Regulation and Licensure	47 MoReg 1495	47 MoReg 1532		
19 CSR 30-35.010	Division of Regulation and Licensure		47 MoReg 1538		
19 CSR 30-100.010	Division of Regulation and Licensure	47 MoReg 1265	47 MoReg 1305	This Issue	
19 CSR 60-50	Missouri Health Facilities Review Committee				47 MoReg 1549 47 MoReg 1597 This Issue
19 CSR 60-50.300	Missouri Health Facilities Review Committee		47 MoReg 1097	47 MoReg 1732	
19 CSR 60-50.400	Missouri Health Facilities Review Committee		47 MoReg 1100	47 MoReg 1732	
19 CSR 60-50.410	Missouri Health Facilities Review Committee		47 MoReg 1106	47 MoReg 1733	
19 CSR 60-50.420	Missouri Health Facilities Review Committee		47 MoReg 1110	47 MoReg 1736	
19 CSR 60-50.430	Missouri Health Facilities Review Committee		47 MoReg 1110	47 MoReg 1736	
19 CSR 60-50.440	Missouri Health Facilities Review Committee		47 MoReg 1122	47 MoReg 1741	
19 CSR 60-50.450	Missouri Health Facilities Review Committee		47 MoReg 1122	47 MoReg 1741	
19 CSR 60-50.470	Missouri Health Facilities Review Committee		47 MoReg 1125	47 MoReg 1741	
19 CSR 60-50.500	Missouri Health Facilities Review Committee		47 MoReg 1128	47 MoReg 1741	
19 CSR 60-50.700	Missouri Health Facilities Review Committee		47 MoReg 1128	47 MoReg 1742	
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20 CSR	Applied Behavior Analysis Maximum Benefit				47 MoReg 385
20 CSR	Construction Claims Binding Arbitration Cap				47 MoReg 43
20 CSR	Non-Economic Damages in Medical Malpractice Cap				47 MoReg 385
20 CSR	Sovereign Immunity Limits				This Issue
20 CSR	State Legal Expense Fund Cap				47 MoReg 43
20 CSR 500-4.300	Property and Casualty		47 MoReg 1381		
20 CSR 2010-2.065	Missouri State Board of Accountancy		47 MoReg 1233	47 MoReg 1742	
20 CSR 2030-5.110	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1718		
20 CSR 2030-5.120	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1719		
20 CSR 2030-5.130	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1719		
20 CSR 2030-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1720		
20 CSR 2030-14.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1720		
20 CSR 2030-14.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1721		
20 CSR 2030-14.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects		47 MoReg 1721		
20 CSR 2095-1.020	Committee for Professional Counselors		47 MoReg 1544		
20 CSR 2063-2.005	Behavior Analyst Advisory Board		47 MoReg 1594		
20 CSR 2063-2.010	Behavior Analyst Advisory Board		47 MoReg 1594		
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20 CSR 2120-1.040	State Board of Embalmers and Funeral Directors		47 MoReg 1443		
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20 CSR 2120-2.060	State Board of Embalmers and Funeral Directors		47 MoReg 1445		
20 CSR 2145-2.065	Missouri Board of Geologist Registration		47 MoReg 1595R		
20 CSR 2150-5.024	State Board of Registration for the Healing Arts		47 MoReg 1381		
20 CSR 2165-2.010	Board of Examiners for Hearing Instrument Specialists		47 MoReg 887	47 MoReg 1547	
20 CSR 2165-2.025	Board of Examiners for Hearing Instrument Specialists		47 MoReg 888	47 MoReg 1547	
20 CSR 2165-2.040	Board of Examiners for Hearing Instrument Specialists		47 MoReg 889R	47 MoReg 1547R	
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20 CSR 2220-2.400	State Board of Pharmacy	47 MoReg 965			
20 CSR 2220-2.685	State Board of Pharmacy		47 MoReg 835	47 MoReg 1548	

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
20 CSR 2220-6.025	State Board of Pharmacy		47 MoReg 1383		
20 CSR 2220-7.010	State Board of Pharmacy		47 MoReg 890	47 MoReg 1548	
20 CSR 2220-7.030	State Board of Pharmacy		47 MoReg 891	47 MoReg 1548	
20 CSR 2230-2.010	State Board of Podiatric Medicine		47 MoReg 1139	47 MoReg 1680	
20 CSR 2231-1.010	Division of Professional Registration		47 MoReg 835	47 MoReg 1456	
20 CSR 2231-2.010	Division of Professional Registration		47 MoReg 835	47 MoReg 1456	
20 CSR 2233-2.010	State Committee of Marital and Family Therapists		47 MoReg 1139	47 MoReg 1680	
20 CSR 2234-5.010	Board of Private Investigator and Private Fire Investigator Examiners		47 MoReg 892	47 MoReg 1548	
20 CSR 2245-2.020	Real Estate Appraisers		47 MoReg 1448		
20 CSR 2245-2.030	Real Estate Appraisers		47 MoReg 1448		
20 CSR 2245-3.010	Real Estate Appraisers		47 MoReg 1449		
20 CSR 2245-6.016	Real Estate Appraisers		47 MoReg 1450R		
20 CSR 2245-6.040	Real Estate Appraisers		47 MoReg 1450R		
20 CSR 2245-7.060	Real Estate Appraisers		47 MoReg 1450		
20 CSR 2245-8.020	Real Estate Appraisers		47 MoReg 1451		
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20 CSR 2263-2.031	State Committee for Social Workers		47 MoReg 892	47 MoReg 1548	
20 CSR 2267-2.020	Office of Tattooing, Body Piercing, and Branding		47 MoReg 1451		
20 CSR 2267-2.034	Office of Tattooing, Body Piercing, and Branding		47 MoReg 1233R	47 MoReg 1742R	
20 CSR 4240-40.020	Public Service Commission		47 MoReg 1316		
20 CSR 4240-40.030	Public Service Commission		47 MoReg 1318		
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22 CSR 10-2.089	Health Care Plan	47 MoReg 1706	47 MoReg 1722		

AGENCY		PUBLICATION	EFFECTIVE	EXPIRATION
Department of Elementary and Secondary Education				
Division of Learning Services				
5 CSR 20-400.220	Application for Substitute Certificate of License to Teach	47 MoReg 1419	Sept. 14, 2022	March 12, 2023
Divisional of Financial and Administrative Services				
5 CSR 30-660.090	Charter School Local Education Agency (LEA) Attendance Hour Reporting	47 MoReg 779	May 3, 2022	Feb. 9, 2023
Department of Revenue				
Director of Revenue				
12 CSR 10-41.010	Annual Adjusted Rate of Interest	47 MoReg 1703	Jan. 1, 2023	June 29, 2023
Department of Social Services				
MO HealthNet Division				
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Methodology	47 MoReg 927	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.015	Direct Medicaid Payments	47 MoReg 944	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	47 MoReg 950	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology	47 MoReg 956	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.190	Out-of-State Hospital Services Reimbursement Plan	47 MoReg 1061	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.220	Disproportionate Share Hospital (DSH) Payments	47 MoReg 1062	July 1, 2022	Feb. 23, 2023
13 CSR 70-15.230	Upper Payment Limit (UPL) Payment Methodology	47 MoReg 960	July 1, 2022	Feb. 23, 2023
Department of Health and Senior Services				
Division of Community and Public Health				
19 CSR 20-20.020	Reporting Infectious, Contagious, Communicable, or Dangerous Diseases	47 MoReg 1369	Aug. 29, 2022	Feb. 24, 2023
Missouri State Public Health Laboratory				
19 CSR 25-30.021	Type I Permit	47 MoReg 1706	Nov. 16, 2022	May 14, 2023
Division of Regulation and Licensure				
19 CSR 30-1.002	Schedules of Controlled Substances	47 MoReg 1481	Oct. 3, 2022	March 31, 2023
19 CSR 30-20.144	Standards and Guidelines for Essential Caregiver Program	47 MoReg 1495	Sept. 29, 2022	March 27, 2023
19 CSR 30-40.410	Definitions and Abbreviations Relating to Trauma Centers	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.420	Trauma Center Designation Requirements	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.430	Standards for Trauma Center Designation	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.710	Definitions and Abbreviations Relating to Stroke Centers	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.720	Stroke Center Designation Application and Review	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.730	Standards for Stroke Center Designation	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.740	Definitions and Abbreviations Relating to ST-Segment Elevation Myocardial Infarction (STEMI) Centers	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.750	ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation Application and Review	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-40.760	Standards for ST-Segment Elevation Myocardial Infarction (STEMI) Center Designation	Next Issue	Dec. 7, 2022	June 4, 2023
19 CSR 30-100.010	Newborn Safety Incubators	47 MoReg 1265	Aug. 12, 2022	Feb. 23, 2023
Department of Commerce and Insurance				
State Board of Registration for the Healing Arts				
20 CSR 2150-2.080	Physician Licensure Fees	Next Issue	Jan. 1, 2023	June 29, 2023
20 CSR 2150-7.200	Physician Assistant Licensure Fees	Next Issue	Jan. 1, 2023	June 29, 2023
State Board of Pharmacy				
20 CSR 2220-2.400	Compounding Standards of Practice	47 MoReg 965	June 21, 2022	Dec. 17, 2022
Missouri Consolidated Health Care Plan				
Health Care Plan				
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	47 MoReg 1706	Jan. 1, 2023	June 29, 2023

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
	2022		
22-07	Extends Executive Order 22-04 to address drought-response efforts until March 1, 2023.	November 28, 2022	Next Issue
22-06	Closes executive branch state offices for Friday, November 25, 2022.	November 7, 2022	47 MoReg 1708
Proclamation	Convenes the One Hundred First General Assembly in the First Extraordinary Session of the Second Regular Session regarding extension of agricultural tax credits and to enact legislation amending Missouri income tax.	August 22, 2022	47 MoReg 1420
22-05	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to severe storm systems.	July 26, 2022	47 MoReg 1279
22-04	Declares a drought alert for 53 Missouri counties and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee.	July 21, 2022	47 MoReg 1277
Proclamation	In accordance with *Dobbs*, Section 188.017, RSMo is hereby effective as of the date of this order.	June 24, 2022	47 MoReg 1075
22-03	Terminates the State of Emergency declared in Executive Order 22-02.	February 7, 2022	47 MoReg 411
22-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems.	February 1, 2022	47 MoReg 304
22-01	Establishes and Designates the Missouri Early Childhood State Advisory Council.	January 7, 2022	47 MoReg 222
	2021		
21-13	Creates and establishes the Missouri Supply Chain Task Force.	November 22, 2021	47 MoReg 12
21-12	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government.	November 5, 2021	46 MoReg 2325
21-11	Orders state offices to be closed on Friday, November 26, 2021.	November 2, 2021	46 MoReg 2241
21-10	Orders steps to oppose federal COVID-19 vaccine mandates within all agencies, boards, commissions, and other entities within the executive branch of state government.	October 28, 2021	46 MoReg 2239
21-09	Terminates the state of emergency declared in Executive Order 20-02, declares a state of emergency, suspends certain regulations related to telemedicine and physical presence for executing documents, and allows state agencies to waive some regulatory requirements.	August 27, 2021	46 MoReg 1727
21-08	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government.	August 10, 2021	46 MoReg 1673
Proclamation	Convenes the First Extra Session of the First Regular Session of the One Hundred and First General Assembly for extending the Federal Reimbursement Allowances (FRA) and related allowances, taxes, and assessments necessary for funding MO HealthNet.	June 22, 2021	46 MoReg 1447
21-07	Extends Executive Order 20-02, Executive Order 20-04, Executive Order 20-05, Executive Order 20-06, and Executive Order 20-14 until August 31, 2021.	March 26, 2021	46 MoReg 750
21-06	Creates and establishes the Show Me Strong Recovery Task Force and rescinds Executive Order.	March 22, 2021	46 MoReg 748
21-05	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government.	February 24, 2021	46 MoReg 605

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
	2022		
21-04	Extends Executive Order 21-03 until February 28, 2021 and terminates Executive Order 20-17.	February 19, 2021	46 MoReg 603
21-03	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuel until February 21, 2021.	February 11, 2021	46 MoReg 495
21-02	Establishes the Office of Childhood within the Department of Elementary and Secondary Education.	January 28, 2021	46 MoReg 394
21-01	Terminates Executive Orders 03-11 and 02-05, and modifies provisions of Executive Order 05-06.	January 7, 2021	46 MoReg 314

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Rulemaking Classes

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The Administrative Rules Division offers group and individual classes for rule drafting and preparation of rule packets. Please call Curtis at (573) 751-2022 or email curtis.treat@sos.mo.gov to schedule a class.

We offer both in-person and virtual classes.

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